

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000052489**

1. Corporation Name

**ROBERT JOHNSON INSURANCE, INC.**

Principal Place of Business

1750 A1A SOUTH  
ST AUGUSTINE FL 32080

Mailing Address

2043 HAWKCREST DRIVE EAST  
JACKSONVILLE FL 32259



**REINSTATEMENT 03**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/01/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3649775

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	JOHNSON, ROBERT C	2043 HAWKCREST DRIVE EAST	JACKSONVILLE FL 32259

*10/13/22*

400023923444  
10/20/03--01006--016 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, ROBERT C  
2043 HAWKCREST DRIVE EAST  
JACKSONVILLE FL 32259

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b> Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*Robert Johnson*  
REGISTERED AGENT MUST SIGN

Date 10-13-2003

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Robert Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-2003 (904-4714706)  
Daytime Phone #

CR2040 (7/03)

**ROBERT JOHNSON INSURANCE, INC.**

**1750 A1A South  
St. Augustine, FL 32080**

October 13, 2003

State of Florida  
Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Reinstatement Section:

Please accept this letter as my request for waiver of the reinstatement fee for returning my corporation to active status. I hereby certify that I did not receive the prior uniform business report notices. As advised through a telephone call to your office, I am enclosing a completed application for reinstatement, along with the fee for filing the report without penalty. I trust this will return my corporation to active status.

Your assistance in this matter is very much appreciated.

Sincerely,

Robert C. Johnson, President  
Robert Johnson Insurance, Inc.

*Thanks  
Robert Johnson*