

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000056489

1. Corporation Name

FRED JOHNSON CORPORATION

Principal Place of Business

Mailing Address

11450 SOUTHWEST 59TH TERRACE  
MIAMI FL 33165

11450 SOUTHWEST 59TH TERRACE  
MIAMI FL 33165

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

2. New Principal Office Address, If Applicable

10805 SW 72 ST  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

10805 SW 72 ST  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/12/2000

5. FEI Number

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSTD	JOHNSON, FRED E JR.	11450 SOUTHWEST 59TH TERRACE	MIAMI FL 33165

100004716571--6  
-12/10/01--01080--009  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name FRED JOHNSON  
Street Address (P.O. Box Number is Not Acceptable)  
10805 SW 72 ST  
Suite, Apt. #, Etc.  
City MIAMI  
State FL Zip Code 33173

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.

Signature of  
Registered Agent

*[Signature]*

Date

11/2/01

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/2/01

305279-9926