

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP -3 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000067394

1. Corporation Name

Johnny's Auto Repair, Inc.

300008022203--4
-09/25/02--01071--024
****300.00 ****300.00

2. Principal Office Address

Route 10 Box 415

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City, FL

City & State

Zip

32025

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

July, 11, 2000

5. FEI Number

59-3704609

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2001-2002 UBR

7. Name and Address of Current Registered Agent

Name

Jonathan Lee Ward, Jr.

Street Address (P.O. Box Number is Not Acceptable)

Route 10 Box 415

Suite, Apt. #, Etc.

City

Lake City

State
FL

Zip Code

32025

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|---------------------|
| P | Jonathan L. Ward, Jr. | Rt 21 Box 1500 | Lake City, FL 32024 |
| T | Jonathan L. Ward, Jr. | Rt 21 Box 1500 | " " " " |
| S | Amy D. Ward | Rt 21 Box 1500 | " " " " |
| V | Amy D. Ward | Rt 21 Box 1500 | " " " " |
| | | | |
| | | | |

10. 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

[Signature]

Date

Daytime Phone #

CR2001 (9/01)

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JOHNNY'S AUTO REPAIR, INC.
ROUTE 10 BOX 415
LAKE CITY, FLORIDA 32025
386-752-9525

August 7, 2002

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

This letter is to inform you that we never received a UBR form for 2001 and 2002. We were unaware that we had to file such a form. Please find attached a check for \$300.00 and a reinstatement form.

Our assigned document #P00000067394
FEI# 59-3704609

Thank You,


Jonathan L. Ward Jr.

JLW/adw