

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 30 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000067394

1. Corporation Name

JOHNNY'S AUTO REPAIR, INC

600163183666
11/30/03--01043--022 **900.00

REINSTATEMENT 08-09

2. Principal Office Address - No P.O. Box #

2246 SW MAIN BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

2246 SW MAIN BLVD

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

City & State

LAKE CITY, FL

Zip

32025

Country

COLUMBIA

Zip

32025

Country

COLUMBIA

4. Date Incorporated or Qualified
To Do Business in Florida 7/11/2000

5. FEI Number

593704609

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

JONATHAN LEE WARD JR.

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

2246 SW MAIN BLVD

Suite, Apt. #, Etc.

City

LAKE CITY, FL

State

FL

Zip Code

32025

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Jonathan Lee Ward Jr.

REGISTERED AGENT MUST SIGN

Date 11/23/2009

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/T	JONATHAN LEE WARD JR.	2246 SW MAIN BLVD	LAKE CITY, FL. 32025
V/S	AMY WARD	2246 SW MAIN BLVD	LAKE CITY, FL. 32025

10. E-mail Address: ward, jr@hotmail.com

(To be used for future annual report notification)

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. I further certify 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:

Jonathan Lee Ward Jr.

JONATHAN L. WARD JR.

11/23/2009 386-752-9525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #