

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000100750

1. Corporation Name

JOHNSON STREET HOLDINGS, INC

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

1430 JOHNSON STREET

Suite, Apt. #, etc.

City & State

KEY WEST FLORIDA

Zip

33040

Country

3. Mailing Office Address

1430 JOHNSON STREET

Suite, Apt. #, etc.

City & State

KEY WEST FLORIDA

Zip

33040

Country

**7. Name and Address of Current Registered Agent**

Name

T & S REGISTERED AGENTS, LLC

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

4855 TECHNOLOGY WAY, SUITE 720

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33431

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

REGISTERED AGENT MUST SIGN

Date

4/30/09

**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	H. DEAN KOELLING	1430 JOHNSON STREET	KEY WEST FL 33040
S	JAN E. HODGE	2530 PATTERSON	KEY WEST FL 33040
		<i>[Handwritten Signature]</i>	

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 contained in Chapter 119, 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

5/2/09

Daytime Phone #

305-296-0668

FILED

09 MAY 11 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600155774186  
05/11/09--01042--012 \*\*500.00  
REINSTATEMENT 07-09

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/2000

5. FEI Number

651066797

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.