

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -8 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000115055

1. Corporation Name

JOHNSON'S LAWN MAINTENANCE & DESIGN, INC.

900030560269
03/16/04--01049--008 **900.00

2. Principal Office Address

3029 CORTEZ LANE

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL.

Zip

33445

Country

U.S.

3. Mailing Office Address

7540 U.S. HWY 1

Suite, Apt. #, etc.

SUITE # 103

City & State

LANTANA, FL.

Zip

33462

Country

U.S.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1088802

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

WILLIE JOHNSON SR.

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

3029 CORTEZ LANE

Suite, Apt. #, Etc.

City

DELRAY BEACH,

State

FL

Zip Code

33445

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]

Date 03/05/04

REGISTERED AGENT MUST SIGN

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	WILLIE JOHNSON SR.	3029 CORTEZ LANE	DELRAY BEACH, FL..
D	HERBERT YOUNG	407 S.W. 5TH AVENUE	DELRAY BEACH, FL.
VP	FELIX JOHNSON	3779 MILRUN COURT	GREENACRES, FL.

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/04

Date

Daytime Phone #

CR2E081 (01/04)