

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000115055

1. Corporation Name

Johnson's Lawn Maintenance & Designs, Inc.

2. Principal Office Address

3029 Cortez Lane

Suite, Apt. #, etc.

City & State

Delray Beach, Florida

Zip  
33445

Country  
US

3. Mailing Office Address

3029 Cortez Lane

Suite, Apt. #, etc.

City & State

Delray Beach, Florida

Zip  
33445

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida 12/12/00

5. FFL 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, Florida

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

Date 2/23/06

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 33445

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

2/23/06 (561)441-1392

Date

Daytime Phone #

FILED

06 FEB 27 11:57

SECRET  
TALLAHASSEE, FLORIDA

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REINSTATEMENT 03-06

CR2E081 (12/05)

WDP