

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06/12/01 11:38

DOCUMENT # P01000081697

1. Corporation Name

Johnson, Zuniga & Associates, Inc

2. Principal Office Address

11440 SW 52 Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33165

Country

3. Mailing Office Address

11440 SW 52 Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33165

Country

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/17/01

5. FEI Number

043596180

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

Jose A. Zuniga

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

11440 SW 52 Terrace

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33165

600081961846
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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 11/18/06

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
PSD	Jose A. Zuniga	11440 SW 52 Terrace	Miami, FL 33165
VTD	Richard Johnson	11440 SW 52 Terrace	Miami, FL 33165

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

11/18/06

Date

305-450-6520

Daytime Phone #

B. Mitchell NOV 21 2006