

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 16 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000081697**

1. Corporation Name

JOHNSON, ZUNIGA & ASSOCIATES, INC

2. Principal Office Address

269 GIRALDA AVENUE

3. Mailing Office Address

269 GIRALDA AVE

Suite, Apt. #, etc.

SUITE 302

Suite, Apt. #, etc.

SUITE 302

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

Zip

33134

Country

Zip

33134

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/17/01

5. FEI Number

04-3596180

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)

269 GIRALDA AVENUE

Suite, Apt. #, Etc.

SUITE 302

City

CORAL GABLES

State

FL

Zip Code

33134

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 **1/14/03**

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;S;D	JOSE A. ZUNIGA	269 GIRALDA AVE #302	CORAL GABLES FL 33134
V;T;D	RICHARD JOHNSON	269 GIRALDA AVE #302	CORAL GABLES FL 33134

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]

PRESIDENT

1/14/03

305-567-0018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)