# 2007 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 18, 2007**
**Secretary of State**

DOCUMENT# P02000096205

**Entity Name:** JOHNSON CONSTRUCTION OF CLEWISTON, INC.

**Current Principal Place of Business:**

105 PINE LANE
CLEWISTON, FL 33440

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1688
CLEWISTON, FL 33440

**New Mailing Address:**

POST OFFICE BOX 1253
CLEWISTON, FL 33440

**FEI Number: 05-0534708** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOHNSON, MICHAEL A
PO BOX 1253
CLEWISTON, FL 33440 US

**Name and Address of New Registered Agent:**

JOHNSON, MICHAEL A
105 PINE LANE
CLEWISTON, FL 33440 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL A JOHNSON 10/18/2007
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: S T ( ) Delete
Name: JOHNSON, MARIE
Address: POST OFFICE BOX 1253
City-St-Zip: CLEWISTON, FL 33440

Title: P ( ) Delete
Name: JOHNSON, MICHEAL A
Address: PO BOX 1253 CLEWISTON
City-St-Zip: CLEWISTON, FL 33440

Title: VP (X) Delete
Name: TONYA, HERNANDEZ M
Address: 105 PINE LANE
City-St-Zip: CLEWISTON, FL 33440

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP T (X) Change ( ) Addition
Name: JOHNSON, MARIE
Address: POST OFFICE BOX 1253
City-St-Zip: CLEWISTON, FL 33440

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A JOHNSON P 10/18/2007
Electronic Signature of Signing Officer or Director Date