

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

PD2000107466

1. Corporation Name

K + P Johnson Inc.

2. Principal Office Address

105 Rainbow Fish

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

Zip

Country

33477

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/07/2002

5. FEI Number

01-0749493

Applied For

Not Applicable

6. 04/21/04--01015  
CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Kevin Johnson

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

105 Rainbow Fish Circle

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33477

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]*

REGISTERED AGENT MUST SIGN

Date

4/1/04

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
Pres	Kevin Johnson	105 Rainbow Fish	Jupiter FL 33477
Sec	Pamela Johnson	same	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

4/1/04

Daytime Phone #

561-741-3300

FILED

04 APR 20 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

400033103454

04/19/04--01082--010 \*\*300.00

CR2E081 (01/04)

*K&P Johnson, Inc.  
105 Rainbow Fish Circle  
Jupiter, Florida 33477*

*Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399*

*March 1, 2004*

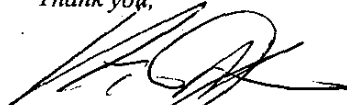
*To Whom It May Concern:*

*Upon Review of our corporation on sunbiz.org, we were surprised to see that our corporation was administratively dissolved. We have not received anything from the State with respect to this matter and would request that our corporation be reinstated at your earliest convenience. Enclosed is the annual fee.*

*Corporation Name:  
K&P Johnson, Inc.  
105 Rainbow Fish Circle  
Jupiter, Florida 33477*

*Please also change our registered agent to:  
Kevin Johnson  
105 Rainbow Fish Circle  
Jupiter, Florida 33477*

*Thank you,*

  
*Kevin Johnson  
President*

*P02-107966*