

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 FEB -3 PH 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000110274

1. Corporation Name

KENNETH JOHNSON PA

Principal Place of Business

Mailing Address

8137 RONDA CT
NAPLES FL 34109

8137 RONDA CT
NAPLES FL 34109

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/2002

5. FEI Number

30-0121813

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JOHNSON, KENNETH	8137 RONDA CT	NAPLES FL 34109

900028067859
02/03/04--01004--004 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, KENNETH
8137 RONDA CT
NAPLES FL 34109

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

Date

1-20-04

REGISTERED AGENT MUST SIGN

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-20-04

Daytime Phone #

139-593.3790

CR2E040 (7/03)

Kenneth Johnson, PA
8137 Ronda Court
Naples, FL 34103
(239) 593-3790

January 29, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

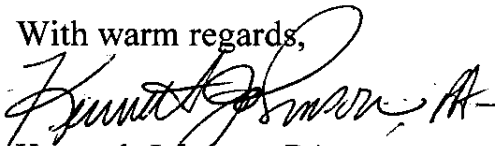
Dear Division of Corporations,

It has come to my attention that my Corporation has been dissolved or revoked. I had not received any uniform business reports, so I was unaware of the situation. I had called the Department of State and they informed me to write a letter introducing the fact that I had not received the uniform business reports.

I have included a check for \$300.00 to cover last year's \$150.00 fee (2003) and this years (2004) \$150.00 fee.

Thank you for your understanding in this matter.

With warm regards,



Kenneth Johnson, PA
FEI # 30-0121813