


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 MAR -2 PM 4:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA 000093743560 03/19/07--01051--010 **450.00 REINSTATEMENT 05-07 CR2E081 (1/07)	
DOCUMENT # P04000093836				
1. Corporation Name CFJ of Bradenton, Inc <div style="text-align: right; font-size: 1.2em;">W07000006685</div>				
2. Principal Office Address - No P.O. Box # 818 17th Ave W		3. Mailing Office Address 818 17th Ave W		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Bradenton, FL		City & State Bradenton, FL		
Zip 34205	Country USA	Zip 34205	Country USA	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 34-2000023		
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent				
Name Athanasia Johnson				
Street Address (P.O. Box Number is Not Acceptable) 8603 54th Ave W.				
Suite, Apt. #, Etc.				
City Bradenton		State FL	Zip Code 34210	
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 <i>Athanasia Johnson</i>		Date 1/31/07		
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	
D	Alan Johnson	818 17th Ave W	Bradenton, FL 34205	
V	Constantine Johnson	8603 54th Ave W	Bradenton, FL 34210	
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: <i>Athanasia Johnson</i>		Date 1/31/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #		