

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000128224

1. Corporation Name

Johnson-Oliver Inc.

2. Principal Office Address - No P.O. Box #

33 Robinwood DR

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Fort Walton Beach-FLA

Zip

Country

Zip

Country

32548

OKALOOSA

7. Name and Address of Current Registered Agent

Name

Young K. Cha

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

33 Robinwood DR

Suite, Apt. #, Etc.

City

Fort Walton Beach

State

FL

Zip Code

32548

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

Young K. Cha

REGISTERED AGENT MUST SIGN

Date 11-4-15

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	Young K. Cha	33 Robinwood DR	Fort Walton Beach, FL 32548

10. E-mail Address: ann904@fwbfl.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Young K. Cha

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-4-15

Date

Daytime Phone #

2015 NOV -6 PM 2:25

NOV - 6 2015

L BERGER

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

100278907621
11/06/15--01032--020 **750.00