

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000117985

1. Entity Name
JOHNSON'S PAINT CORPORATION



FILED
2007 DEC 17 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1031 E. NORVELL BRYANT HIGHWAY
HERNANDO, FL 34442 US**

Mailing Address
**1031 E. NORVELL BRYANT HIGHWAY
HERNANDO, FL 34442 US**

2. Principal Place of Business - No P.O. Box #
1031 E. NORVELL BRYANT HWY.

3. Mailing Address
1031 E. NORVELL BRYANT HWY.

Suite, Apt. #, etc.
HERNANDO FL.

City & State
HERNANDO FL.

Zip
34442

Country
US.



REINSTATEMENT

1-102007 REINLP OR2E098 (1/07)

4. FEI Number
20-3352218

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**A TAX GUY, LC
12512 CORRINE AVENUE
SPRING HILL, FL 33609**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD CAMPBELL, THOMAS 3024 TIFFANY COURT SPRING HILL, FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500113203925 12/17/07--01064--002 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **12/12/07 352-726-6230**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #