

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W08-46239

DOCUMENT # P06000112880

1. Corporation Name

ALVIN JOHNSON WELL DRILLING AND SPRING

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

19616 N.W. 29TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI GARDENS, FLORIDA

Zip

33056

Country

U.S.

3. Mailing Office Address

19616 N.W. 29TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI GARDENS, FLORIDA

Zip

33056

Country

U.S.

7. Name and Address of Current Registered Agent

Name

ALVIN AINSLEY JOHNSON

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

19616 N.W. 29TH AVENUE

Suite, Apt. #, Etc.

City

MIAMI GARDENS

State

FL

Zip Code

33056

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 10-3-08

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	Alvin Ainsley Johnson	19616 N.W. 29 Ave	MIAMI GARDENS FL 33056

REINSTATEMENT

07-08

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-08

Date

305624-3922

Daytime Phone #

2008 OCT 17 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000136674230
10/17/08--01035--001 **150.00

000136674230
10/06/08--01061--017 **750.00
CR2E081 (10/08)

07-08

4. Date Incorporated or Qualified
To Do Business in Florida

AUGUST 30, 2006

5. FEI Number

75-0374345

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status