

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000154271

1. Corporation Name

JOHNSON'S COUNSELING SOLUTIONS INC

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

PO BOX 895342

Suite, Apt. #, etc.

City & State

LEESBURG, FLORIDA

Zip

34788

Country

3. Mailing Office Address

10307 PLEASANT VIEW DR.

Suite, Apt. #, etc.

City & State

LEESBURG, FLORIDA

Zip

34788

Country

7. Name and Address of Current Registered Agent

Name

MARK ; ANTONIETTE JOHNSON

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

10307 PLEASANT VIEW DR

Suite, Apt. #, Etc.

City

LEESBURG

State

FL

Zip Code

34788

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 3/5/09

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	ANTONIETTE JOHNSON	10307 PLEASANT VIEW DR	LEESBURG, FL 34788
D	MARK JOHNSON	10307 PLEASANT VIEW DR	LEESBURG, FL 34788

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]
MARK JOHNSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/09
Date

352-205-1880
Daytime Phone #

FILED

09 MAR 11 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300145523733
03/11/09--01017--005 **450.00

REINSTATEMENT 07-09

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
to a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.