

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 28 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000013038

1. Corporation Name

SANJOHN ENTERPRISES II, INC.

W10 - 2254

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

7749 NORMANDY BLVD

3. Mailing Office Address

5655 KIMBRELL DR

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32221

Country

Zip

32210

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/01/2007

5. FEI Number
20-8329770

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RANDI FORDHAM

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

1241 MCDUFF AVE S

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32205

☒ 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.

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

REGISTERED AGENT MUST SIGN

Date

1/11/10

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	SANDRA P. SCHUHR	5655 KIMBRELL DR	JACKSONVILLE, FL 32210
VP	JOHN R. SCHUHR	5655 KIMBRELL DR	JACKSONVILLE, FL 32210

10. E-mail Address: NUMBRONE@BELLSOUTH.NET

(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., 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.

SIGNATURE:

Sandra P. Schuhr

SANDRA PSCHUHR

Date

1-13-10

Daytime Phone #

46939258