

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P93000058973

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**Entity Name:** JUSTIN C. JOHNSON & ASSOCIATES, P.A.

**Current Principal Place of Business:**

4020 PARK ST NORTH  
STE 302  
SAINT PETERSBURG, FL 33709 US

**New Principal Place of Business:**

**Current Mailing Address:**

4020 PARK ST NORTH  
STE 302  
SAINT PETERSBURG, FL 33709 US

**New Mailing Address:**

**FEI Number:** 59-3173417

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOHNSON, JUSTIN C  
4020 PARK ST. NORTH  
SUITE 302  
ST. PETERSBURG, FL 33709 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** JUSTIN C. JOHNSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** JOHNSON, JUSTIN C.  
**Address:** 8449 BLIND PASS DR  
**City-St-Zip:** TREASURE ISLAND, FL 33706

**Title:** S  
**Name:** BAUERLEIN, ELIZABETH L.  
**Address:** 8449 BLIND PASS DR  
**City-St-Zip:** TREASURE ISLAND, FL 33706

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JUSTIN C. JOHNSON

P

01/21/2011

Electronic Signature of Signing Officer or Director

Date