

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -1 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000006334

1. Corporation Name

Johnson Roofing & Management Group, Inc.

REINSTATEMENT

300170845643
03/01/10--01016--019 **758.75

CR2E081 (11/09)

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

1018 Steven Patrick Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

1018 Steven Patrick Ave.

Suite, Apt. #, etc.

City & State

Indian Harbour Beach

City & State

Indian Harbour Beach

Zip

32937

Country

USA

Zip

32937

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/1994

5. FEI Number

59-3220704

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

Edmond L. Eley

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

516 N. Harbor City Blvd.

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32935

☒ 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

Date 02/25/10

REGISTERED AGENT MUST SIGN

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/S/T/D	Jason R. Johnson	1018 Steven Patrick Ave.	Indian Harbour Beach, FL 32937

10. E-mail Address:

(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:

Jason R. Johnson

02/25/10

321-749-8227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #