

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 AUG -8 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000023313

1. Corporation Name  
JOHNSON BUS SERVICE INC

**REINSTATEMENT** 0102

2. Principal Office Address  
11688 CARAPACE LN

3. Mailing Office Address  
11688 CARAPACE LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
JACKSONVILLE FL

City & State  
JACKSONVILLE

Zip Country  
32218 USA

Zip Country  
32218 USA

4. Date Incorporated or Qualified To Do Business in Florida 3/23/94

5. FEI Number 59-3240402 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  
AMANDA LANIER

Street Address (P.O. Box Number is Not Acceptable)  
3624 HERSCHEL ST

Suite, Apt. #, Etc.

900007118139--1  
-08/14/02--01087--001  
\*\*\*\*900.00 \*\*\*\*300.00

City  
JACKSONVILLE

State Zip Code  
FL 32205

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  
Amanda Lanier  
REGISTERED AGENT MUST SIGN

Date 7/29/02

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
DPT	BERNICE G. JOHNSON	11688 CARAPACE LN	JACKSONVILLE FL 32218
DVS	TONYA UNDERWOOD	11688 CARAPACE LN	JACKSONVILLE FL 32218

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 under section 119.07(3)(i), 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: Bernice G. Johnson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/31/02 Daytime Phone # 904-757-9907

BERNICE G. JOHNSON

CR2E081 (8/01)