

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

2. Principal Office Address

11688 CARAPACE LN

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32218

Country

USA

3. Mailing Office Address

11688 CARAPACE LN

Suite, Apt. #, etc.

City & State

JACKSONVILLE

Zip

32218

Country

USA

REINSTATEMENT 0102

**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

FL

Zip Code

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

BERNICE G. JOHNSON

7/31/02

Date

904-757-9907

Daytime Phone #

CR2E081 (8/01)