

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JAN 9 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000069682

1. Corporation Name

John Michael, INC.

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

473 WASECA DR
Suite, Apt. #, etc.

3. Mailing Office Address

473 WASECA DR
Suite, Apt. #, etc.

04-30-12-01021-026 \$35⁰⁰

CR2E081 (11/10)

City & State

LANTANA, FL

City & State

LANTANA FL

Zip Country

33462 US

Zip Country

33462 US

4. Date Incorporated or Qualified To Do Business in Florida

9-19-1994

5. FET Number

65-0519295

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Hindle Michael, W

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

473 WASECA DR

Suite, Apt. #, Etc.

City

LANTANA

State

FL

Zip Code

33462

400243492724
01/09/13--01027--003 **1058.75

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

Michael W Hindle
REGISTERED AGENT MUST SIGN

Date

1-7-13

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
<input checked="" type="checkbox"/>	Hindle Michael, W	473 WASECA DR	LANTANA FL 33462

REINSTATEMENT

2011-2013

S. HAWKES

JAN - 2013

EXAMINER

10. E-mail Address: Hindle M @ AH.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Michael W Hindle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-13

Date

Daytime Phone #