

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.

City & State

LANTANA, FL

Zip

33462

Country

US

City & State

LANTANA FL

Zip

33462

Country

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

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 Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
□	Hindle Michael, W	473 WASECA DR	
	473 WASECA DR		
	LANTANA	FL 33462	S. HAWKES
			JAN - 2013
		2011-2013	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 § 817.155, F.S.

SIGNATURE:

Michael W Hindle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-7-13

Daytime Phone #