

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

1996 NOV 12 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000048334

1. Corporation Name

JOHNSON ENTERPRISES UNLIMITED, INC.

Principal Place of Business

2001 SW 41ST STREET STE 9704
Ocala, FL 32118

Mailing Address

2001 SW 41ST STREET STE 9704
Ocala, FL 32118

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

414 POINSETTA ROAD

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

414 POINSETTA ROAD

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

Zip 32118

City & State

DAYTONA BEACH, FL

Country USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|---|--|--|
| PD | JOHNSON, DON J | 2001 SW 41ST STREET STE 9704 414 POINSETTA ROAD | Ocala, FL 32118 DAYTONA BEACH, FL 32118 |
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*****375.00 *****375.00

8. Name and Address of Current Registered Agent

JOHNSON, DON J
2001 SW 41ST STREET STE 9704
Ocala, FL 32118

9. Name and Address of New Registered Agent

Name

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

414 POINSETTA ROAD

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State

FL

Zip Code 32118

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered AgentJohn Johnson
REGISTERED AGENT MUST SIGN

Date 11/7/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information
on intangible tax.)

12. 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: John Johnson RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR11/7/96 (904) 239-0460
Date Daytime Phone #

CPL500 (7-96)