

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

NOV 12 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000048334

1. Corporation Name

JOHNSON ENTERPRISES UNLIMITED, INC.

Principal Place of Business

Mailing Address

~~2801 GW 41ST STREET STE 3704~~
~~DAYTONA BEACH, FL 32118~~

~~2801 GW 41ST STREET STE 3704~~
~~DAYTONA BEACH, 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

3. New Mailing Office Address, If Applicable

414 PINSETTA ROAD

414 PINSETTA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH, FL

Zip

32118

Country

USA

Zip

32118

Country

USA

REINSTATEMENT

4. Date Incorporated or Date
To Do Business in Florida

08/24/1995

5. FEI Number

39-3406401

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	JOHNSON, DON J	2801 GW 41ST STREET STE 3704 414 PINSETTA ROAD	DAYTONA BEACH, FL 32118

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-11/19/96--01159--023

***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, DON J

~~2801 GW 41ST STREET STE 3704~~

~~DAYTONA BEACH, FL 32118~~

Name

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

414 PINSETTA 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 Agent

X

Don 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:

X *Don Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/96

Date

(904) 239-0460

Daytime Phone

CR2040 (7/96)