

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
John B. Wirthmann
Secretary of State
DIVISION OF CORPORATIONS

96-97 AR

FILED

97 OCT 20 AM 10:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000082940

1. Corporation Name

H.D. JOHNSON CORP.

Principal Place of Business

Mailing Address

25040 Cypress Hollow
#201
Bonita Springs, FL 34134

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

4. Date Incorporated or Qualified
To Do Business in Florida

October 30, 1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0613539

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
Pres.	Howard D. Johnson	25040 Cypress Hollow #201	Bonita Springs, FL 34134

200002327002--6
-10/22/97--01081--003
***365.00 ***365.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Howard D. Johnson
25040 Cypress Hollow #201
Bonita Springs, FL 34134

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Howard D. Johnson
REGISTERED AGENT MUST SIGN

Date Oct. 16, 1997

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.

Howard D. Johnson

SIGNATURE: Howard D. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/97 941-498-6091
Date Daytime Phone #

CR2000 (12/96)

2

October 16, 1997

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

I am a self employed salesman working on commissions.

I contacted the Department of Corporations on some questions regarding my corporation during the week of October 6, 1997 by telephone.

I was informed that my corporation had lapsed. I was unaware of the circumstance. I had originally had the address of 2525 Monroe in Hollywood, Florida and moved. I have never received any mail regarding further information. To the best of my knowledge I had informed the Secretary of State of my address change which occurred over a year and a half ago.

My corporation is: H.D. Johnson Corp.
25040 Cypress Hollow
#201
Bonita Springs, FL 34134

Please reinstate this for me.

This is per Sprather in the Divisions of Corporations on 10/08/97.

Sincerely,



Howard D. Johnson

Att: Check for \$365 or reinstatement