

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


APPROVED
AND
FILED

97 JAN -6 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P95000095421**

1. Corporation Name
JOHNNY ANTHONY MANAGEMENT INCORPORATED

Principal Place of Business	Mailing Address
120 E. PINE ST., SUITE 6 LAKELAND FL 33801	POST OFFICE BOX 92895 LAKELAND FL 33804-2895 US

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/18/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3065838	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For	
				Not Applicable	
				<input type="checkbox"/> \$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
D	JACKSON, ELIJAH JR	638 W. 8TH ST	LAKELAND FL 33805
D	JACKSON, DELESIA R	638 W 8TH ST	LAKELAND FL 33805
D	BOLASKY, JOHNNY A	5147 MARTIN IQUE DRIVE	LAKELAND FL
VD	BOLASKY, ROBIN ANN	5147 MARTIN IQUE DRIVE	LAKELAND FL

REINSTATEMENT *96-90*
A. Alan

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JACKSON, ELIJAH JR 638 W. 8TH ST LAKELAND FL 33805		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		100602853151-2 -01/03/97--01104--002 ***315.00 State 125.00 FL	

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: *[Signature]* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN

Date: *01-03-97*

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)(f), 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: *[Signature]* **E. JACKSON JR** Date: *01-03-97* Daytime Phone #: *941-686-7567*

CR2E040 (7/96)