

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPROVED
AND
FILED

①

DOCUMENT # P96000009313

Corporation Name

JOHNSTON CUSTOM TRIM & SUPPLY, INC.

97-AR

57 DEC 19 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

462 PALM DRIVE
OC00EE FL 34761

Mailing Address

462 PALM DRIVE
OC00EE FL 34761

WRONG



THOMAS JOHNSTON
Master Carpenter



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/1996

5. FEI Number

593364967

Applied For

Not Applicable

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
PD	JOHNSTON, THOMAS L	P.O. BOX 42	OC00EE FL 34761
VD	SCHULTZ, PAUL	7466 RANCHERO STREET	ORLANDO FL 32822

200002382682-7
-12/24/97-01084-005
****165.00 ****165.00

A. Alan
12/19/97

8. Name and Address of Current Registered Agent

TURNER, JACQUELYN I
660 W. FAIRBANKS AVE.
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name

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

3372 Edgewater Dr.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32804

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

Jacquelyn I. Turner
REGISTERED AGENT MUST SIGN

Date 10/28/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Thomas L. Johnston
THOMAS L. JOHNSTON

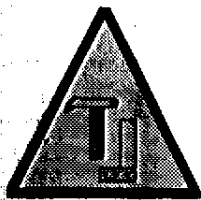
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-97 407/656-1003

CR2040 (8/97)



**Johnston Custom Trim
& Supply, Inc.**

12-16-97

(2)

P.O. Box 42
Ocoee, FL 34761
Office (407) 656-1003
Shop (407) 656-4667

Architectural Millwork

DEAR PEOPLE

THIS LETTER IS TO VERIFY THAT I DID NOT RECIVE THE PAPERS FOR 1997. I HAVE TALKED TO AMY & TREVOR ABOUT THIS PROBLEM AND THEY SAID I WOULD HAVE TO REQUEST A REINSTATEMENT. I HAVE SENT A CHECK FOR THE AMOUNT OWED AND ASK THAT YOU PLEASE ACCEPT \$165.00 AS FULL PAYMENT. PLEASE SEND MY 1998 PAPERS TO THE P.O. BOX 42 OCOEE, FL. OR TO MY AGENT J. TURNER NOT TO MY MILL SHOP. I DID NOT RECIVE AND DO NOT RECIVE MAIL AT SHOP.

THANK YOU!

Thomas L. Johnston

THOMAS L. JOHNSTON

ATT.

TREVOR
OR
AMEY