PLEASE READ	ALL INSTRUCTION	ONS BEFORE	COMPLETING THIS FORM.		
APPLICATION	FLORIDA DEPAR	TMENT OF STATE			
FOR		ne Harris			
REINSTATEMENT		y of State orporations	FILED		
DOCUMENT # P9700037991			99 NOV 29 MH 10: 23		
FOWLER & JOHNSON SALES CORPORATION			SEGGIOLALA OF STATE TALLAMACON PLORIDA		
LCMIEK 4 JOHNSON C	ACES COFICER	107	TALLA PASSES FLORIDA		
Principal Place of Business	Mailing Address				
2893 WEST NEW HAVEN	2893 WEST	New HAVEN			
WEST MELBOURNE, FLORIDA	WEST HELD	30URNE, FLORIDA 32904	100		
32904			REINSTATEMENT 199	9	
If above addresses are incorrect in any way, line through incorrect information New Principal Office Address, If Applicable 3. New Mailing Office Address.			Date Incorporated or Qualified		
ZB93 W. NEWHAVEN Suile, Apt. #, etc	2893 W. Ne. Suite, Apt. #, etc.	W HAVEN	To Do Business in Florida APRIL 29, 1997		
City & State	City & State	·-·-	5. FEI Number Applied		
W. HELBOURDE, FLORIDA	W. HELBOURNE		6.	oplicable	
32904 Country	Zip 32904	Country USA	CERTIFICATE OF STATUS DESIRED (Sectificate of		
7. Names and Street Addresses of Each Officer and/	or Director (Florida nonprofit				
Title(s) Name of Officers and/or Directors	3 (Do I	Street Address of Each Officer and/or Director NOT Use Post Office Box	r City / State / Zip		
15/D JAMES R. FOWLER	2411 \$	E LEITHGOW STI	REET PORT ST. LUCIE, FLORIDA 34	752	
P/T/D WILLIAM B. JOHNSON		7312 COMMERCIAL CIRCLE FORT REACE, FLORIDA 34951		51	
					
			400003070654	-9	
			****750.00 ****750.		
· · · · · · · · · · · · · · · · · · ·			400003070654	334	
•			-12/15/33 C1 ++++++	¥8.75	
8. Name and Address of Current I	legistered Agent	7	9. Name and Address of New Registered Agent		
		Name	IES R. FOWLER	(12/98)	
		Street Address (F	Street Address (P.O. Box Number is Not Acceptable) 2893 WEST New Haven		
			Suite, Apt. #, Etc.		
		City	State Zip Code		
10. I, being appointed the registered agent of the apo	ve named corporation, am far	miliar with and accept the o	I I SEIDT		
Signature of	Q		Date 11/21/99		
Registered Agent RE	GISTERED AGENT MUST S	IGN	Date 11/21/149		
11. This corporation owes the Intangible Personal Proper		30. Yes	No (See other side for information on inlangible tax.)		
			provided for in chapter 607 or 617, F.S. I further certify that when	filina	
this reinstatement application, the reason for disso	lution has been eliminated, the arnes of individuals listed on	e corporate name satisfies this form do not qualify for	the requirements of section 607.0401 or 617.0401, F.S., that all an exemption under section 119.07(3)(i), F.S. The Information in	lees	
	2 0				
SIGNATURE: James 2.3	auth P/3/D		11/21/99 (407)725-7011	1	
SIGNATURE AND TYPED OR PRIL	NTED NAME OF SIGNING OFFIC LER	ER OR DIRECTOR	Date Daytime Phone #		