

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -4 PH 12:40

DOCUMENT # P97000074742

1. Corporation Name
JOHNSON PARTNERS RESEARCH INTERNATIONAL, INC.

Principal Place of Business Mailing Address
~~4160 NORTHWEST 7TH LANE~~ ~~4160 NORTHWEST 7TH LANE~~
~~DELRAY BEACH FL 33445~~ ~~DELRAY BEACH FL 33445~~

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 08/28/1997	
Suite, Apt. #, etc. 4160 NW 7TH LN		Suite, Apt. #, etc. 4160 NW 7TH LN		5. FEI Number 65-0779421	
City & State DELRAY BEACH FL		City & State DELRAY BEACH FL		Applied For Not Applicable	
Zip 33445-1943		Zip 33445-1943		6. CERTIFICATE OF STATUS DESIRED <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	4 City / State / Zip
PTD	JOHNSON, GENE	4160 NORTHWEST 7TH LANE	DELRAY BEACH FL 33445
SVD	JOHNSON, SUZETTE	4160 NORTHWEST 7TH LANE	DELRAY BEACH FL 33445
			600003046266--1 -11/16/99--01090--023 ***150.00 ***150.00
			10/11/99

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JOHNSON, GENE B 4160 NW 7TH LN DELRAY BCH FL 33445		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State	Zip Code
		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] Date: 10/28/99
REGISTERED AGENT MUST SIGN

11. 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: [Signature] Date: 10/28/99 Daytime Phone #: 561-637-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (8/99)



JohnsonPartners

Research International, Inc.

4160 NW 7th Lane, Delray Beach FL 33445-1943



Brad Johnson
President

Tel. (561) 637-1900
Fax. (561) 637-2255
email: jpsii@ic-noc.com
J.P.A.R.T. INC. &
1301 SOUTH H. ST.

To Whom it may concern,

Thank you for your help on the phone. Here is the check and explanation you requested along with my application for reinstatement.

I am not sure what happened to cause we not to receive the two notices you sent. I can promise you though, I had been looking very closely for them to have arrived. My accountant warned me last year of the severe penalty for not replying promptly. After talking with you on the phone, I now know not to rely on the post office to deliver the notice. We are taking measures to assure ~~that~~ that we are never late again, regardless of when we receive any notices. I have added your name address & phone number to my data base - that way (over)