

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 PM 12:40

DOCUMENT # P97000074742

1. Corporation Name

JOHNSON PARTNERS RESEARCH INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

~~4160 NORTHWEST 7TH LANE~~
~~DELRAY BEACH FL 33445~~

~~4160 NORTHWEST 7TH LANE~~
~~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.

Suite, Apt. #, etc.

4160 NW 7TH LN
DELRAY BEACH FL

4160 NW 7TH LN
DELRAY BEACH FL

5. FEI Number

65-0779421

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

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
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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/28/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 10/28/99 561-632-1900

CR2040 (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: jppri@ix.netcom.com
J PARTNERS &
BOLLSOUTH.NET

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 (size)