

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000077728

1. Corporation Name

M.D. JOHNSTIN, INC.

99 JUL -9 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300002936053--8
-07/20/99--01078--021
****900.00 ****900.00

Principal Place of Business

~~2682 S. Horseshoe Ct.~~
Naples, FL 34104

216 Henley Drive

Mailing Address

~~2682 S. Horseshoe Ct.~~
Naples, FL 34104

216 Henley Drive

REINSTATEMENT

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

2. New Principal Office Address, If Applicable

216 Henley Drive

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

216 Henley Drive

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

9/8/97

5. FEI Number

65-0221588

Applied For

Not Applicable

City & State

Naples, FL

City & State

Naples, FL

Zip

34104

Country

USA

Zip

34104

Country

USA

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
D	Tamara J. Sally	216 Henley Drive	Naples, FL 34104

8. Name and Address of Current Registered Agent

Tamara J. Sally

~~2682 Horseshoe Ct.~~
Naples, FL 34104

216 Henley Drive

9. Name and Address of New Registered Agent

Name

Tamara J. Sally

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

216 Henley Drive

Suite, Apt. #, Etc.

City

Naples,

State

FL

Zip Code

34104

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

Tamara J. Sally
REGISTERED AGENT MUST SIGN

Date **7/5/99**

11. This corporation owes 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:

T.J. Sally
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.J. SALLY (PRES) 7/5/99

Date

Daytime Phone #

(941) 352-6030

CR2081 (12/98)