

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUL 22 AM 11:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000083016

1. Corporation Name

LWJ CORPORATION

REINSTATEMENT 09-11

2. Principal Office Address - No P.O. Box #

411 S WALNUT STREET

3. Mailing Office Address

~~PO BOX 1273~~ 411 So. Walnut St

700209495027

08/29/11--01033--003 **1050.00

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

STARKE, FL

City & State

STARKE, FL

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1997

5. FEI Number

59-3471798

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

32091

Country

USA

Zip

32091

Country

USA

7. Name and Address of Current Registered Agent

Name

LINDA JOHNS

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

514 W WELDON STREET

Suite, Apt. #, Etc.

City

STARKE

State

FL

Zip Code

32091

207/26

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| D | LINDA JOHNS | 514 W WELDON STREET | STARKE, FL 32091 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Linda Johns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-23-2011

Daytime Phone #