

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 28 AM 9:39

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **p9700DD092317**

1. Corporation Name

Johnson-West, Inc

2. Principal Office Address

625 NE 36TH Ave

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1474

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip **34470**

Country

City & State

Silver Springs, FL

Zip

34489

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3475667

Applied For:

☐ Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$2.75 Additional Filing Fee
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carl Johnson

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

625 NE 36TH Ave

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34470

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

Carl Johnson

Date

1-7-03

REGISTERED AGENT MUST SIGN

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
P.T.	Carl Johnson	1011 N.E. 48 AV. RD. 1011 N.E. 48 AV. RD.	Ocala, FL 34470
V.P.S.	Phyllis Johnson	1011 N.E. 48 AV. RD. 1011 N.E. 48 AV. RD.	Ocala, FL 34470

10. 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:

Carl Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL JOHNSON

Date

1-7-03

Daytime Phone #

352-694-2534

1/28/03 ad

Johnson-West, Inc.
PO Box 1474
Silver Springs, Florida 34489

January 8, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed you will find a Corporation Reinstatement form for Johnson-West, Inc. Also enclosed is a check for \$300 that will cover the annual fee for last year and this year. We never received the forms in the mail last year.

We respectfully ask that the reinstatement fee be waived due to the fact that we did not receive the necessary forms and the non-payment was purely an oversight. We have paid all fees in a timely manner in the past and we continue to pay them in the future.

Thank you for your attention to this matter.

Sincerely,

Carl Johnson