

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000028058**
1. Corporation Name
JOHNNY'S RECEPTION SYSTEMS, INC

2. Principal Office Address / Mailing Office Address
**Four Ambassadors Hotel
801 BRICKELL BAY DR. 9737 NW 41ST**

00-03

Suite, Apt. #, etc. **123**
City & State **MIAMI FL**
Zip **33131** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida **3/25/98**
5. FEI Number **650843454**
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **EDWARD BERGHOLM JR, ESQ.**
Street Address (P.O. Box Number is Not Acceptable) **1393 SW FIRST STREET, # 200**
Suite, Apt. #, Etc **MIAMI FL 33135**
City **MIAMI** State **FL** Zip Code **33135**

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 **Edward Bergholm Jr** Date **1-10-03**
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/D	JOHNNY MARANTE	9737 NW 41 ST , #123	MIAMI FL 33178

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: **Johnny Marante** PRESIDENT / DIRECTOR Date **1-10-03** Daytime Phone # **305-377-1666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2002

Johnny Marante
9737 NW 41st Street, Suite 123
Miami, Florida 33178

January 10, 2003

Dept. of State, Florida
Division of Corporations
409 East Gaines Street
Tallahassee FL 32399

Re: Reinstatement of Corporation: Johnny's Reception System, Inc.

Dear Sir or Madam:

Enclosed herewith is the Corporation reinstatement Form together with the appropriate fee.

The corporation was dissolved on September 22, 2000.

Enclosed is the sum of \$608.75 as (the reinstatement fee[\$600.00] and additional fee for Certificate of Status [\$8.75].) - The reason the reinstatement of \$600.00 is one half of the Regular fee is we were advised that if we did not receive the Uniform Business Report Notices for 2000 the fee would be half of the regular fee. We did not receive the indicated and necessary notices in 2000.

Thank you for your consideration.

Very truly yours,

Johnny Marante
Johnny Marante, President of corporation

SWORN TO AND SUBSCRIBED before me by Johnny Marante on this the 10th day of January, 2003. at Miami, Miami-Dade County, Florida.

Edward Bergholm, Jr.
Notary Public, State of Florida, at Large.



Edward Bergholm, Jr.
Commission # GC 859361
Expires Sep. 15, 2003
Bonded Thru
Atlantic Bonding Co., Inc.