

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUN 14 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000030798**

1. Corporation Name
Buddy Johnson Properties, Inc

W

2001-2002 UBR

| | | | |
|--|-----------------------|--|---------|
| 2. Principal Office Address 2902 Forest Club Dr Suite, Apt. #, etc. | | 3. Mailing Office Address Suite, Apt. #, etc. | |
| City & State Plant City, FL | | City & State | |
| Zip 33567 | Country USA | Zip | Country |

| | |
|--|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 3/31/98 | |
| 5. FEL Number 59-3507132 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| | | | |
|--|--------------------|--------------------------|--|
| 7. Name and Address of Current Registered Agent | | | |
| Name Phillip E Johnson | | | |
| Street Address (P.O. Box Number is Not Acceptable) 2902 Forest Club Dr | | | |
| Suite, Apt. #, Etc. | | | |
| City Plant City | State FL | Zip Code 33567 | |

300005979988 --- 1
-06/25/02--01073--010
***300.00 ***300.00

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 **Phillip E Johnson** Date **6-13-02**
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

| 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 | Phillip E Johnson | 2902 Forest Club Dr | Plant City, FL 33567 |
| | | | 201.25-AR |
| | | | 10.00-ARARTS |
| | | | 88.75-ARsupp |

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: **Phillip E Johnson** Date **6.13.02** Daytime Phone # **813/763-5881**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

202

June 13/02

Dear Sir:

I did not receive the
notice to renew my Corporation.

PER [Signature]

RECEIVED
02 JUN 12 PM 12:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA