

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000057655

1. Corporation Name

JOHNSON AND BROWN ENTERPRISES, INC.

Principal Place of Business

500 SOUTH HIGHLAND STREET
MOUNT DORA FL 32757

Mailing Address

500 SOUTH HIGHLAND STREET
MOUNT DORA FL 32757

FILED

02 JAN -7 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

REINSTATEMENT

01-02

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/01/1998	
City & State		City & State		5. FEI Number	
Zip		Country		59-3277396	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	JOHNSON, FREDERICK R	500 SOUTH HIGHLAND STREET	MOUNT DORA FL 32757
VSD	BROWN, CHARLES L	500 SOUTH HIGHLAND STREET	MOUNT DORA FL 32757
			800004793238--1 -01/24/02--01007--016 ****750.00 ****750.00
			LS
			800004793238--1 -01/24/02--01007--017 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

CERGIZAN, FRANK
2502 E. ORANGE AVENUE
EUSTIS FL 32726

9. Name and Address of New Registered Agent

Name
CHARLES L BROWN
Street Address (P.O. Box Number is Not Acceptable)
500 S. Highland St
Suite, Apt. #, Etc.
Mount Dora
City
Mount Dora

State
FL
Zip Code
32757

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

Charles L Brown
REGISTERED AGENT MUST SIGN

Date 11/19/01 1/3/2002

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., 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:

Charles L Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/01 352-383-6544
Daytime Phone #

CR2E040 (8/01)