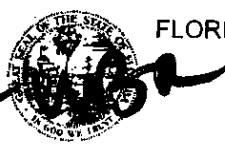


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *FILED*

CORPORATION
REINSTATEMENT



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

02 JUL 22 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000064570

1. Corporation Name

Boyce H. Johnson Enterprises, Inc.

2. Principal Office Address

27998 Oakland Drive

Suite, Apt. #, etc.

3. Mailing Office Address

41300 Dequindre

Suite, Apt. #, etc.

Suite-201

City & State

Bonita Springs, FL

City & State

Sterling Heights, MI

Zip

34135

Country

USA

Zip

48314-3777

Country

USA

7. Name and Address of Current Registered Agent

Name

Boyce H. Johnson

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

27256 Buccaneer Drive

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34135

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

Boyce H. Johnson

Date 7/19/02

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	Boyce H. Johnson	27256 Buccaneer Drive	Bonita Springs, FL 34135
VP/S	Teri L. Johnson	27256 Buccaneer Drive	Bonita Springs, FL 34135

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

Boyce H. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Boyce H. Johnson

7/19/02

239-948-0661

Date

Daytime Phone #

CR2E081 (9/01)

Cech, Rosso & Company

Certified Public Accountants
Professional Corporation

41300 Dequindre, Suite 201
Sterling Heights, MI 48314-3729
www.cechrosso.com

Telephone: (586) 726-3141
Fax: (586) 726-8599

Richard R. Cech, Jr.
Judith Ann Rosso

July 17, 2002

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

RE: Boyce H Johnson Enterprises Inc
38-2278103
P98000064570
Corporate Reinstatement

Please find enclosed a corporate reinstatement for this business. Also enclosed is a check in the amount of \$450 to cover the reinstatement fees.

The corporation was dissolved by the State of Florida in September, 2000. The owners of the business never received any notification that it was to be dissolved, nor did they receive the annual forms that were supposed to be filed. We are requesting a waiver of the penalties in this case.

Please contact this corporation and verify receipt of this form and the payment. If you need any further information, please contact the taxpayer at 941.948.0661. Thank you for your prompt consideration and approval in this matter.

Very truly yours,
CECH, ROSSO & COMPANY, P.C.



Judith Ann Rosso
Certified Public Accountant

Enclosure: Corporate Reinstatement Form, 38-2278103, dated 07/17/2002
Dissolution of the corporation was on 09/01/2000. A copy of the dissolved
corporation was received on 07/17/2002.

Enclosed is the "Waiver of Penalties for Corporate Reinstatement" form
pertaining to the above corporation. This form is to be signed and returned to the
Division of Corporations, Department of State, Tallahassee, Florida.