

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUL 22 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000064570

1. Corporation Name

Boyce H. Johnson Enterprises, Inc.

500006699735--9  
-07/26/02--01028--003  
\*\*\*\*450.00 \*\*\*\*450.00

2. Principal Office Address

27998 Oakland Drive

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34135

Country

USA

3. Mailing Office Address

41300 Dequindre

Suite, Apt. #, etc.

Suite-201

City & State

Sterling Heights, MI

Zip

48314-3777

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/01/99

5. FEI Number

38-2278103

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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*

REGISTERED AGENT MUST SIGN

Date 7/19/02

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

*7/19/02*

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*

Boyce H. Johnson

7/19/02

239-948-0661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

**Cech, Rosso & Company***Certified Public Accountants*  
Professional Corporation41300 Dequindre, Suite 201  
Sterling Heights, MI 48314-3729  
[www.cechrosso.com](http://www.cechrosso.com)Telephone: (586) 726-3141  
Fax: (586) 726-8599Richard R. Cech, Jr.  
Judith Ann Rosso


July 17, 2002

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

ENCLOSURE

ENCLOSURE