

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 13 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000098345

1. Corporation Name

J. BAR J., INC.

TRA

2. Principal Office Address

1641 N. TAMiami TR

Suite, Apt. #, etc.

City & State

NORTH Ft. MYERS, FL

Zip

33903

Country

USA

3. Mailing Office Address

P.O. BOX 3683

Suite, Apt. #, etc.

City & State

NORTH FORT MYERS, FL

Zip

33918

Country

LEE

400026891374  
01/13/04--01095--022 \*\*750.00

REINSTATEMENT 2003

4. Date Incorporated or Qualified  
To Do Business in Florida

11-23-1998

5. FEI Number

65-0880238

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

LARRY JOHNSON

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

1641 N. TAMiami TRAIL

Suite, Apt. #, Etc.

City

NORTH FORT MYERS

State

FL

Zip Code

33903

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

*Laurence A. Johnson*  
REGISTERED AGENT MUST SIGN

Date

1-5-04

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
DP	LARRY A JOHNSON	1641 N. TAMiami TRAIL	N. Ft MYERS, FL 33903
DT	ALICE D JOHNSON	1641 N. TAMiami TRAIL	N Ft. MYERS, FL 33903
V	KEITH W JOHNSON	1641 N. TAMiami TRAIL	N. Ft. MYERS, FL 33903
V	BRETT A JOHNSON	1641 N. TAMiami TRAIL	N. Ft. MYERS, FL 33903
S	TRINA L LIPPINCOTT	1641 N. TAMiami TRAIL	N. Ft. MYERS, FL 33903

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:

*Laurence A. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-5-04

Daytime Phone #

239-9977982

CR2E081 (10/02)