

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
2000UBR
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000002935

1. Corporation Name

DANNIE JOHNSON, INC.

Principal Place of Business

4210 CORDGRASS Inlet DR.
1917 WILLIAMS ST.
JACKSONVILLE FL 32250

Mailing Address

4210 CORDGRASS Inlet DR.,
1917 WILLIAMS ST.
JACKSONVILLE FL 32250

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

2. New Principal Office Address, If Applicable

4210 CORDGRASS Inlet DR.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4210 CORDGRASS Inlet DR.
Suite, Apt. #, etc.4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1999

5. FEI Number

59-3561061

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

City & State

Jacksonville, FL.

City & State

Jacksonville, FL.

Zip

32250

Country

US

Zip

32250

Country

US

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PSD	JOHNSON, DANNIE	1917 WILLIAMS ST. 4210 CORDGRASS Inlet DR.	JACKSONVILLE FL 32250
VD	JOHNSON, ERIC	1917 WILLIAMS ST. 13700 Sutton PARK DR. N. Apt. #1435	JACKSONVILLE FL 32250 32224

700003471137--
-11/20/00--01143--001
***158.75 ***158.75

SP

8. Name and Address of Current Registered Agent

JOHNSON, DANNIE

~~1917 WILLIAMS ST.~~ 4210 CORDGRASS Inlet DR.
JACKSONVILLE FL 32250

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 AgentDANNIE JOHNSON
REGISTERED AGENT MUST SIGN

Date 10-16-00

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-00

Date

904-545-3771

Daytime Phone #

18292

Dannie Johnson Inc.
4210 Cordgrass Inlet Dr.
Jacksonville, FL 32250

10-16-2000

To who it may concern:

Our records show that this report was mailed on April 27 2000. I checked with the bank and the check for the filing fee never cleared. I can only assume the form was lost in the mail.

I did not receive your sixty days notice or this matter would have resolved sooner.

I am requesting that penalties not be assessed. If this is not possible please inform me by calling 904-545-3771.

~~Thank you for your assistance in resolving this matter.~~



Dannie Johnson
President