

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR -9 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000093246250
03/16/07--01004--030 **450.00

DOCUMENT # **P99000029839**

1. Corporation Name

JOHNSON'S Eastside CAFETERIA, INC.

2. Principal Office Address - No P.O. Box #

4013 NORTH 34th Street

Suite, Apt. #, etc.

3. Mailing Office Address

11505 BESSIE DIX RD

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

Country

33610-7028 Hillsborough

City & State

SEFFNER, FL

Zip

Country

33584 Hillsborough

REINSTATEMENT 05-07
CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/31/1999

5. FEI Number

59-3560774

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

JAMES JOHNSON

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

11505 BESSIE DIX ROAD

Suite, Apt. #, Etc.

City

SEFFNER

State

FL

Zip Code

33584

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 **X**

Date **X**

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
PRES	JAMES JOHNSON	11505 BESSIE DIX ROAD	SEFFNER, FL 33584

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 contained in Chapter 119, 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:

James K. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-7-09

Daytime Phone #

X813231 4416