## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DÖGUMENT # P99000033310

1. Corporation Name

RICHARD JOHNSTON INC.

Principal Place of Business

Mailing Address

350 73RD STREET MIAMI FL 33141 US 7505 ADVENTURE AVENUE NORTH BAY VILLAGE FL 33141 們的地

02 JAN 14 AM 11:02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CTATERREARY.

If above addresses are incorrect in any way, line through incorrect information and enter correction below.							DIFFURD AND PLANTIAN SOOI - 2003			
				iling Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     04/06/1999			
Suite, Apt.	#, etc.		Suite, Apt. #	, etc.			5. FEI Number Applied For			
City & Stat	е					CE 0000444			Not Applicable	
Zip Country Zip			Zip	Country			6.			
P = 33		Journal	2.0		Codinity		CERTIFICAT	E OF STATUS DESIRED 🗹		ficate of Status
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprofit c	corporat	ions must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
P	JOHNSON, RICHARD JOHNSTON, RICHARD			7505 ADVENTURE AVE				NORTH BAY VILLAGE FL 33141		
\$	JOHNSTON, MARINE JOHNSTON, MARTINE			7505 ADVENTURE AVE				NORTH BAY VILLAGE FL 33141  DDDDD47944881 -01/24/0201064003 ****900.00  DDDD47944881 -01/24/0201064004		
					8					
								******8.7	5 ****	**8.75
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
•	STON, RICHA				÷,	Name Street Address (P.O. Box Number is Not Acceptable)				
		GE FL 33141		Suite, Apt. #, Etc.						
						City			tate Zip Co	de
10. I, being	appointed the	e registered agent of the ab	ove named corpo	oration, am fam	niliar with	h and accept the ob	ligations of Sect		_ <del></del>	•

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 indicated

SIGNATURI

Signature of Registered Agent

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

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

1/10/02 1/6/029

786-897-3/69

Daytime Phone #

CR2E040 (8/01)

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