

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 AM 11:03

DOCUMENT #

999000069841

1. Corporation Name

JOHNSON EDITORIAL (USA), Inc.

17071 West Dixie Highway
No. Miami Beach, FL 33160

2. Principal Office Address

17071 West Dixie Highway

Suite, Apt. #, etc.

City & State

No. Miami Beach, FL 33160

Zip 33160

Country USA

3. Mailing Office Address

% KAREN SUGERMAN, ESQUIRE
17071 West Dixie Hwy.

Suite, Apt. #, etc.

City & State

No. Miami Beach, FL 33160

Zip 33160

Country USA

REINSTATEMENT 00

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

8/6/99

5. FEI Number

65-0950935

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

KAREN SUGERMAN, ESQUIRE

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

17071 West Dixie Highway

Suite, Apt. #, Etc.

City

No. Miami Beach, FL

300003441403-4

-10/27/00-01005-001

***600.00 ***600.00

300003441403-4

-10/27/00-01005-002

State FL ***150.00 ***150.00

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

Karen Sugerman

REGISTERED AGENT MUST SIGN

Date 10/9/00

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
Dir.	JOHN JORDAN	% Karen Sugerman 17071 West Dixie Highway	No. Miami Beach, FL 33160
Dir.	John McCaul	% Karen Sugerman 17071 West Dixie Highway	No. Miami Beach, FL 33160

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:

Karen Sugerman PCA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/00

Date

305-945-1851

Daytime Phone #