


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000094135

1. Entity Name
JOHNNY GOOD TIME ENTERPRISES, INC.



FILED
06 APR 27 PM 2:31
TALLAHASSEE, FLORIDA

Principal Place of Business
617 NW 87TH LANE
CORAL SPRINGS, FL 33071

Mailing Address
617 NW 87TH LANE
CORAL SPRINGS, FL 33071

2. Principal Place of Business
Suite, Apt. #, etc.


3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



04182006 REIN-P CR2E098 (11705) **05-06**

4. FEI Number
65-0958701

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIGGINS, JOHN
4541 W. MCNAB ROAD
SUITE 15
POMPANO, FL 33069

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John Kiggins* **John Kiggins** **4-23-06**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIGGINS, JOHN 4541 W. MCNAB ROAD SUITE 15 POMPANO, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Kiggins* **John Kiggins** **4-23-06** **954-937-0701**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #