

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 17 AM 8:00

DOCUMENT # 553997

**1. Corporation Name**

C.J. FIRE PROTECTION, INC

19101 W. OAKMONT DRIVE  
SAME

**2. Principal Office Address**

19101 W. OAKMONT DRIVE

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

MIAMI FL.

**City & State**

MIAMI FL.

**Zip**

33015

**Country**

DADE

**Zip**

33015

**Country**

DADE

**REINSTATEMENT** 01-04

600041121516  
09/17/04--01050--007 \*\*1200.00

**4. Date Incorporated or Qualified  
To Do Business in Florida** MAY, 1991

**5. FEI Number**

05-0607938

**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**

CONNELL JOHNSON

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

19101 W. OAKMONT DRIVE

Suite, Apt. #, Etc.

**City**

MIAMI

**State**

FL

**Zip Code**

33015

**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

*Connell Johnson*

REGISTERED AGENT MUST SIGN

Date

8/30/04

**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
P	JOHNSON, CONNELL	19101 W. OAKMONT DRIVE	MIAMI FL. 33015
T	JOHNSON, PEGGY	19101 W. OAKMONT DRIVE	MIAMI-FL. 33015

**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:**

*Connell Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/04

Date

305-829-1747

Daytime Phone #

CR2001 (01/04)