

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 OCT -8 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V 01892

1. Corporation Name

JOHNSON'S CONTRACT INTERIORS  
INC.

Principal Place of Business

Mailing Address

1215 SE 10TH STR  
CAPE CORAL, FL 33990

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1215 SE 10TH STR

3. New Mailing Office Address, If Applicable

P.O. BOX 150219

4. Date Incorporated or Qualified To Do Business in Florida

12/23/91

5. PEI Number

59-3137729

Applied For

Not Applicable

City & State

CAPE CORAL, FL

City & State

CAPE CORAL FL

Zip

33990

Country

USA

Zip

33915

Country

USA

6. CERTIFICATE OF STATUS DESIRED  Check appropriate box for type of certificate of status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	CHRIS N. JOHNSON	801 MONTICELLO CT CAPE CORAL FL 33904	CAPE CORAL FL 33904

900002662619-3  
10/13/98 01049 002  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

CHRIS N. JOHNSON  
801 MONTICELLO COURT  
CAPE CORAL, FL 33904

9. Name and Address of New Registered Agent

Name: CHRIS N. JOHNSON  
Street Address (P.O. Box Number is Not Acceptable): 801 MONTICELLO COURT  
City: CAPE CORAL State: FL Zip Code: 33904

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0535, F.S.

Signature of Registered Agent

*Chris N. Johnson*

REGISTERED AGENT MUST SIGN

Date: 10/13/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax)

12. 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:

*Chris N. Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/98

Date

Daytime Phone #