


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		AND FILED 96 NOV 18 AM 10:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <b>G50330</b> 1. Corporation Name <b>ARNOLD CONSTRUCTION SERVICES, INC.</b>					
Principal Place of Business <b>1911 S. DIXIE HWY.                  WEST PALM BEACH, FL 33401</b>			Mailing Address <b>SAME</b>		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		59-2311620 Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
PRES.	ARNOLD ABRAMSON	3423 WRY ROAD	LAKE WORTH, FL 33467		
				800002010668--0 -11/21/96--01019--011 ***575.00 ***575.00	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
ARNOLD ABRAMSON 3423 WRY ROAD LAKE WORTH, FL 33467			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent <i>Arnold Abramson</i> REGISTERED AGENT MUST SIGN			Date <b>11/13/96</b>		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>Arnold Abramson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			11/13/96 (813) 832-9983 Date Daytime Phone #		

CHECKED 11/18/96