

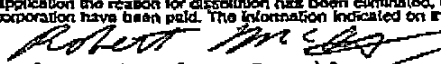
12/04/98 FRI 14:32 FAX 727 441 8817

JOHNSON BLAKELY

APPROVED

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		H98000022633 5 1998 DEC -4 PM 4:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 606577 1. Corporation Name MCARTHUR HOLDINGS, INC.					
Principal Place of Business Mailing Address c/o Contemporary Management SAME 5800 Northwest 39th Avenue #104 Gainesville FL 32606					
If above addresses are incorrect in any way, file through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida January 15, 1979 5. FEI Number 59-1879309 Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ SB.75 Additional Fee required for a Certificate of Status					
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		
DP	Robert J. McArthur	39 Bassano Road	CANADA North York, Ontario M2N2J9		
DST	Shirley I. McArthur	39 Bassano Road	North York, Ontario M2N2J9		
REINSTATEMENT 98 SEC 12-4-98					
8. Name and Address of Current Registered Agent Robert McArthur 2350 Cypress Pond Rd Palm Harbor FL 34683			9. Name and Address of New Registered Agent Name Julius J. Zschau Street Address (P.O. Box Number is Not Acceptable) 911 Chestnut Street Suite, Apt. #, Etc. City Clearwater State FL Zip Code 33756		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0305, F.S. Signature of Registered Agent  Date 12/1/98 REGISTERED AGENT MUST SIGN					
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(c), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 118.07(3)(c) 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: Robert McArthur, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 416-750-4095 Daytime Phone #		

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