

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 SEP -3 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 153966

1. Corporation Name  
WILLIAM E. ARNOLD COMPANY

4745 ORTEGA BLVD  
4745 ORTEGA BLVD

2. Principal Office Address  
4745 ORTEGA BLVD

3. Mailing Office Address  
4745 ORTEGA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL

City & State  
JACKSONVILLE, FL

Zip Country  
32210 USA

Zip Country  
32210 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 04/14/1949

5. FEI Number  
59-0598523

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  
BARBARA H. ARNOLD

Street Address (P.O. Box Number is Not Acceptable)  
4745 ORTEGA BLVD

Suite, Apt. #, Etc.

City  
JACKSONVILLE

State Zip Code  
FL 32210

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 Barbara H. Arnold  
REGISTERED AGENT MUST SIGN

Date 9-02-'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
PD	BARBARA H. ARNOLD	4745 ORTEGA BLVD	JACKSONVILLE, FL 32210

REINSTATEMENT 00-04

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: Barbara H. Arnold - Barbara H. Arnold 9-2-04 904-388-9082  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)