PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 19 AM 9:41

DOCUMENT # **379622**

1. Corporation Name

ARLINGTON PRINTING AND STATIONERS, INC.

Principal Place of Business	Mailing Address
1099 W. ADAMS ST. JACKSONVILLE FL 32204	1099 W. ADAMS ST. JACKSONVILLE FL 32204

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 200 N. Lee Street	Suite, Apt. #, etc.: 200 N. Lee Street
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32204 Country: USA	Zip: 32204 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/30/1971

5. FEI Number: 59-1344610 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VD	GHELERTER, ALLAN B.	1099 W ADAMS ST.	JACKSONVILLE FL
PD	GHELERTER,RICHARD S.	1099 W ADAMS ST.	JACKSONVILLE FL

900003043299--2
-11/12/99--01113--003
****750.00 ****750.00

DH 10/25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GHELERTER, RICHARD 1099 W. ADAMS ST. JACKSONVILLE FL 32204	Name: Ghelerter, Richard Street Address (P.O. Box Number is Not Acceptable): 200 N. Lee Street Suite, Apt. #, Etc.: City: Jacksonville State: FL Zip Code: 32204

CR2E040 (8/99)

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: [signature] CONFIRMED
REGISTERED AGENT MUST SIGN

Date: 10/14/99

11. 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: [signature] CONFIRMED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/99
Date

(904)358-2928
Daytime Phone #