

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

96 DEC 11 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **459179**

1 Corporation Name

"ARIJA B", INC.



**REINSTATEMENT** *96*

Principal Place of Business Mailing Address  
911 S. FLAMINGO CIRCLD 911 S. FLAMINGO CIRCLD  
P.O. BOX 984 P.O. BOX 984  
MARCO ISLAND, 33969-0984 MARCO ISLAND, 33969-0984

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 Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/06/1974	
City & State		City & State		5. FEI Number	
Zip		Zip		59-1549074	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

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
PD	BONSALL, ARJA	911 S. FLAMINGO CIRCLE	MARCO ISLAND FL
S	BONSALL, CHARLES J.	911 S. FLAMINGO CIRCLE	MARCO ISLAND FL
D	BLOCKLINGER, ANNA C.	6551 COTTAGE STREET	PHILA., PENNA
			100002027901--3 -12/12/96--01097-015 ****375.00 ****375.00
			<i>JB12-11-96</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SCUDERI, SALVATORE C. 601 ELKCAM CIRCLE MARCO ISLAND FL 33937		Name <i>ARJA BONSALL</i> Street Address (P.O. Box Number is Not Acceptable) <i>44 ALGONGUIN COURT</i> Suite, Apt. #, Etc. City <i>MARCO ISLAND</i> State <i>FL</i> Zip Code <i>34145</i>	

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 *Arja Bonsall* REGISTERED AGENT MUST SIGN Date *12.8.96*

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: *Arja Bonsall* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *12-8-96* Daytime Phone # *1-941 394-7976*