

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED  
DIVISION OF CORPORATIONS

13 SEP 10 AM 8:56

DOCUMENT # 707596

1. Corporation Name

Arlington Florida Congregation of Jehovah's Witnesses, Inc.

2. Principal Office Address - No P.O. Box #

6824 Ariel Drive

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32277

Country

United States of America

3. Mailing Office Address

6824 Ariel Drive

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32277

Country

United States of America

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

07/16/1964

5. FEI Number

592378865

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

No

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Adam Tormollan

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

6824 Ariel Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32277

20025156862  
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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

Adam Tormollan

Date

9/5/13

REGISTERED AGENT MUST SIGN

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
Director	Jefferson D. Newman	1072 Crestdale Street	Jacksonville, FL 32211
Director	Michael Anderson	2336 Lake Lucina Drive	Jacksonville, FL 32211
Director	Daniel Welch	1857 Waldo Ave., #2	Jacksonville, FL 32207
Director	Adam Tormollan	6824 Ariel Drive	Jacksonville, FL 32277
REINSTATEMENT			
SEP 10 2013			
B. HUNT			

10. E-mail Address: adamc.tormollan@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Adam Tormollan

Adam Tormollan

9/5/13

904-497-9476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #