

F96000003858

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

022 MAY 27 PM 12: 08

TALLAHASSEE, FL

DOCUMENT # **F96000003858**

1. Corporation Name

Armstrong Service Florida, Inc.

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

13574 Village Park Dr.

Suite, Apt. #, etc

STE 240

City & State

Orlando, Florida

Zip

32837

Country

USA

3. Mailing Office Address

13574 Village Park Dr.

Suite, Apt. #, etc

STE 240

City & State

Orlando, Florida

Zip

32837

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/1996

5. FEI Number

59-3405352

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

Nathan Mitchell

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

2801 Ocean Dr.

Suite, Apt. #, Etc.

STE 303

City

Vero Beach

State

FL

Zip Code

32963

700392754857

05/27/22--01010--011 ♦♦1243.75

2019-2022

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

Nathan Mitchell

Date *5/20/2022*

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
P	Troy Bloss	2801 Ocean Dr. STE 303	Vero Beach, FL 32963
S	Allison Graham	2801 Ocean Dr. STE 303	Vero Beach, FL 32963
T	Tyler Sheerer	900 Maple St.	Three Rivers, MI 49096
AT	John F Kealy	13574 Village Park Dr. STE 240	Orlando, FL 32837
V/D	Douglas V Bloss	2801 Ocean Dr. STE 303	Vero Beach, FL 32963
V/D	Patrick B. Armstrong	2801 Ocean Dr. STE 303	Vero Beach, FL 32963

10. E-mail Address: jkealy@armstronginternational.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: John F Kealy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/2022 407-355-4707

Date Daytime Phone #