

• APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # G43588

1. Corporation Name

ARNOLD'S BAKERY, INC.

Principal Place of Business

451 South Indiana Avenue
Englewood, Florida 33533

Mailing Address

451 South Indiana Avenue
Englewood, FL 33533

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

New Principal Office Address, If Applicable
2080 South McCall Road

New Mailing Office Address, If Applicable
2080 South McCall Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Englewood, FL

City & State
Englewood, FL

Zip

34224

Country

USA

Zip

34224

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/14/83

5. FEI Number 59-2306035

Applied For

NOT Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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
Pres.	STEVE C. ARNOLD	5049 Kingsley Road	North Port, FL 34287
Sec./			
Treas.			

900002895339--7

06/04/99 01067 015

****465.00 ****465.00

8. Name and Address of Current Registered Agent

STEVE C. ARNOLD
5049 Kingsley Road
North Port, FL 34287

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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 507 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEVE C. ARNOLD, PRESIDENT

Date

Daytime Phone #

CR2600 (12/96)

Law Office of
Robert L. Williams

Suite 101
209 South Nassau Street
Venice, Florida 34285

Telephone: (941) 488-8887
Telefax : (941) 488-8074

June 1, 1999

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Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Arnold's Bakery, Inc.
Document #G43588
Admin Disillusion 9/26/97

Ladies and Gentlemen:

Please find attached an Application for Reinstatement for the above identified corporation together with my Trust check in the sum of \$465.00.

The \$465.00 figure was given to me by telephone this date with the explanation that this sum was less than ordinarily would be required by virtue of the fact that the Annual Report Form required by your department was returned to you not delivered and the reinstatement figure would be sufficient for your requirements.

Thank you for your assistance.

Very truly yours,


Robert L. Williams

RLW:ds
Encs.