

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham,  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 NOV 26 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # H25081

1. Corporation Name

COMMERCIAL LAND EQUITY CORPORATION

Principal Place of Business

2800 CANTRELL RD  
LITTLE ROCK AR 72202

Mailing Address

2800 CANTRELL RD  
LITTLE ROCK AR 72202

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

Suite, Apt. #, etc.

11001 Executive Center Dr.

City & State  
Little Rock, AR

Zip  
72211

Country

Suite, Apt. #, etc.

11001 Executive Center Dr.

City & State  
Little Rock, AR

Zip  
72211

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/11/1984

5. FEI Number

59-2531463

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PDT	HOWETH, ROBERT W	2800 CANTRELL RD.	LITTLE ROCK AR
VAS	GUNTER, JOE T	2800 CANTRELL RD.	LITTLE ROCK AR
VSD	DUMENY, MARCEL J	2800 CANTRELL RD.	LITTLE ROCK AR
DVP	MCCONNELL, JOHN W	2800 CANTRELL RD.	LITTLE ROCK AR
AS	BENNETT, WILLIAM J	2800 CANTRELL ROAD	LITTLE ROCK AR

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\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

AYCOCK, LYNDA R.  
1 INDEPENDENT DR.  
3000 INDEPENDENT SQ.  
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/97

Date

Daytime Phone #

CR20040 (8/97)