

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 27 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J43794

1. Corporation Name

HENRY ARNOLD FORD COMPANY, INC.

2. Principal Office Address

5323 BROWN STREET

Suite, Apt. #, etc.

City & State

GRACEVILLE FLORIDA

Zip

32440

Country

U.S.

3. Mailing Office Address

P.O. BOX 155

Suite, Apt. #, etc.

City & State

GRACEVILLE FLORIDA

Zip

32440

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/31/86

5. FEI Number

59 2777636

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

HENRY ARNOLD

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

5323 BROWN STREET

Suite, Apt. #, Etc.

City

GRACEVILLE

State

FL

Zip Code

32440

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

Henry Arnold

REGISTERED AGENT MUST SIGN

Date MARCH 26, 2001

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
PRES.	HENRY ARNOLD	3823 HWY 2	GRACEVILLE, FLORIDA 32440
V-PRES	ROBERT M. ARNOLD	3846 C & M ROAD	GRACEVILLE, FLORIDA 32440

10. 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:

Henry Arnold

HENRY ARNOLD

MARCH 26, 2001

850-263-3271

Date

Daytime Phone #

CR2E081 (9/00)