

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

05 DEC 23 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 20624

1. Corporation Name

A + R COLLECTIONS, INC

W05-54859

2. Principal Office Address

2102 CYPRESS CROSS DR.

Suite, Apt. #, etc.

City & State

LAKELAND FL

Zip

33810

Country

USA

3. Mailing Office Address

P.O. Box 91056

Suite, Apt. #, etc.

City & State

LAKELAND FL

Zip

33804

Country

USA

REINSTATEMENT

01-05

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/1989

5. FEI Number

65-0144640

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

~~A + R COLLECTIONS, INC~~

ANITA D. LEINWEBER

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

2102 CYPRESS CROSS DR.

Suite, Apt. #, Etc.

City

LAKELAND

State
FL

Zip Code
33810

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

Anita D. Leinweber

REGISTERED AGENT MUST SIGN

Date 12/2/2005

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
<u>PRES</u>	<u>ANITA D. LEINWEBER</u>	<u>2102 CYPRESS CROSS DR LAKELAND, FL 33810</u>	<u>LAKELAND FL 33810</u>

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K. Eckel DEC 23 2005

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.

ANITA D. LEINWEBER PRES.

SIGNATURE:

Anita D. Leinweber pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/02/2005

Date

863-858-8778

Daytime Phone #