

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 25 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L56118

1. Corporation Name

FLORIDA ARABCO, INC. D/B/A THE BOYD GROUP

2. Principal Office Address

664 LAKEWORTH CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

LAKE MARY, FLORIDA

Zip

Country

32746

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1990

5. FEI Number

59-3009092

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

ROBERT A. BOYD

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

340 SADDLEWORTH PLACE

Suite, Apt. #, Etc.

City

LAKE MARY

State

FL

Zip Code

32740

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

Date

7/23/03

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 Officers and/or Director	City/State/Zip
PD	ROBERT A. BOYD	664 LAKEWORTH CR	LAKE MARY, FL 32746
VD	GWENDOLYN S. BOYD	664 LAKEWORTH CR	LAKE MARY, FL 32746

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/23/03

407-

221-8113

**ROBERT A. BOYD
585 TECHNOLOGY PARK
SUITE 100
LAKE MARY, FLORIDA 32746**

July 23, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Florida Arabco, Inc., d/b/a The Boyd Group
Doc # L56118
EIN: 59-3009092

Dear Sir or Madam:

The above referenced entity has recently discovered that they were administratively dissolved due to not filing of the Annual Reports for 2001, 2002 and 2003. This oversight was a direct result of several address changes in the last few years. Due to the changes, the entity did not receive the Uniform Business Reports.

Attached is a completed, signed Corporation Reinstatement form along with a check in the amount of \$450.00 for the three years in question. We respectfully request that you waive any delinquency filing fees and reinstate the entity.

We certainly appreciate your consideration on this matter.

Sincerely,



Robert A. Boyd