

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N41047

1. Corporation Name

ARC MARION-NEW HOPE FOUNDATION, INC.

Principal Place of Business

Mailing Address

2800 SE MARICAMP RD.  
OCALA FL 34471-5538

2800 SE MARICAMP RD.  
OCALA FL 34471-5538

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/28/1990

5. FEI Number

59-3246094

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 3	City / State / Zip 4
P	<del>HANCHER, IRENE</del> Michell, Pamela W.	<del>1938 SE 37TH CT CIR</del> 2324 S.E. 14th St.	<del>OCALA FL 34471</del> Ocala, FL 34471
D	<del>WALIGA, LILLIAN</del> Gaekwad, Danny	<del>1870 SE 32ND LANE</del> 2211 S.W. 17th St.	<del>OCALA FL 34471</del> 34474
D	CHAMBERS, WILLIAM E JR	1430 SE 5TH STREET	OCALA FL 34471
D	<del>MCDONALD, KENNETH</del> Kim, Marie	<del>2800 SE MARICAMP ROAD</del> 1503 S.W. 1st Avenue	<del>OCALA FL 34471</del> 34474
D	Thompson, Tarn	7431 N.W. 14th Street.	Ocala, FL 34482

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCDONALD, KENNETH P  
2800 SE MARICAMP RD  
OCALA FL 34471

Name

Troy Strawder

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

2800 S.E. Maricamp Road

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34471

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.

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\*\*\*\*306.25 \*\*\*\*306.25  
Date 2/13/02

Signature of  
Registered Agent

Troy Strawder REGISTERED AGENT MUST SIGN

11. 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:

*Pamela W. Michell*  
SIGNATURE REQUIRED  
Pamela W. Michell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02

Date

352-368-1060

Daytime Phone #