PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 JAN -2 AM 11:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N50155

1. Corporation Name

ARC Nassau Inc.

W00006D29682

REINSTATEMENT 98-01

2. Principal Office Address		**3.** Mailing Office Address	
1105 Hamilton Street		P. O. Box 999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Yulee, FL		Yulee, FL	
Zip	Country	Zip	Country
32041	Nassau	32041	Nassau

4. Date Incorporated or Qualified To Do Business in Florida — July 27, 1992

5. FEI Number — 59-1404429 — ☐ 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: Tony Quasada

Street Address (P.O. Box Number is Not Acceptable): 307 South 5th Street

Suite, Apt. #, Etc.:

City: Fernandina Beach — State: FL — Zip Code: 32034

100003534181--6
-01/12/01--01013--003
*****61.25 *****61.25
100003534181--6
-01/12/01--01013--004
****358.50 ****358.50

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: Tony M. Quasada — REGISTERED AGENT MUST SIGN — Date: 12/8/00

CR2E081 (9/99)

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	Lisa Crews	P. O. Box 201	Yulee, FL 32097
VP	Muriel Creamer	480 US 17 South	Yulee, FL 32097
Tres	Tony Quasada	307 South 5th Street	Fernandina Beach, FL 32034
Sec	Janice Fowler	123 Hirth Road Apt 301	Fernandina Beach, FL 32034

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.

KE

SIGNATURE: Janice G. Fowler — 12-8-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #