PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FL[illegible] DEPARTMENT OF STATE
[illegible]ecretary of State
DIVISION OF CORPORATIONS

97-99 AR

FILED
JUN 22 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003377

1. Corporation Name

OLD ARLINGTON INC.

Principal Place of Business | Mailing Address

800002914618--2
-06/24/99--01085--010
****358.75 ****358.75

REINSTATEMENT 97-99 ©

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
7866 GLEN ECHO RD N.	7866 GLEN ECHO RD N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32211 Country: USA	Zip: 32211 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3193543 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES D	LESLIE ANN BURT	7866 GLEN ECHO RD N	JACKSONVILLE FL 32211
SEC'Y D	KATHLEEN EVANS	7809 GLEN ECHO RD N.	JACKSONVILLE FL 32211
TREAS D	MARCELLA LOCKE	1405 CARLOTTA RD W.	JACKSONVILLE FL 32211

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: LESLIE ANN BURT
Street Address (P.O. Box Number is Not Acceptable): 7866 GLEN ECHO RD. N.
Suite, Apt. #, Etc.:
City: JACKSONVILLE State: FL Zip Code: 32211

CR2E081 (12/96)

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.

Signature of Registered Agent: Leslie Ann Burt
REGISTERED AGENT MUST SIGN
Date: 5/18/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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., [illegible] 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.

6/22/99

SIGNATURE: Leslie Ann Burt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/99 Date (904) 858 3643 Daytime Phone #