

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 15 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001346

1. Corporation Name

ARCADIA WATERMELON ASSOCIATION, INC.

2. Principal Office Address

23 ElVerano Ave.

Suite, Apt. #, etc.

City & State

Arcadia, FL

Zip

34266

Country

US

3. Mailing Office Address

23 ElVerano Ave.

Suite, Apt. #, etc.

City & State

Arcadia, FL

Zip

34266

Country

US

100014384891

03/20/03--01006--003 **\$1.25

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/15/95

5. FEI Number

65-0568857

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

Waldron, Eugene E Jr.

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

124 N. Brevard Ave.

Suite, Apt. #, Etc.

City

Arcadia,

State

FL

Zip Code

34266

100014384891

04/09/03--01029--008 **\$1.25

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

Cherie Thompson
REGISTERED AGENT MUST SIGN

Cherie Thompson

Date 3/14/03

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
P	Clyde Ware	23 Elverano Ave	Arcadia, FL 34266
D	Ed Kessler	1119 E. Oak Street	Arcadia, FL 34266
S	Cherie Thompson	35 ElVerano Ave.	Arcadia, FL 34266
T	Terry West	1423 E. Seminole	Arcadia, FL 34266
D	Willard Irwin	162 Bridle Path	Arcadia, FL 34266
D	Phil Turner	4067 NE Masters Ave	Arcadia, FL 34266

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)(l), 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:

Clyde Ware
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clyde Ware

3/14/03

Date

(863)494-9500
Daytime Phone #

CR2E081 (10/02)

js 4/15



March 14, 2003

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

Dear Sir or Madam:

Enclosed please find the Arcadia Watermelon Association, Inc.'s corporation reinstatement papers and a check for \$61.25. As the newly elected president of the association I am asking that the reinstatement fee be waved. As far as I know we never received the renewal paperwork. As a non-profit organization, we need to save every penny we can so that we may continue our work in sponsoring scholarships, making donations to charities and helping fund different projects within our community.

If you have any questions, please call me at (863) 494-9500.

Sincerely,

Clyde Ware
President

CW:ct

Enclosures (2)