

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 17 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000046278

**1. Corporation Name**

THE VILLAGE AT ARLINGTON, INC.

**2. Principal Office Address**

1219 MAYER DR

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32211

Country

**3. Mailing Office Address**

1219 MAYER DR

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32211

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida APRIL 24, 2002

**5. FEI Number**

02-0632019

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

03-04

**7. Name and Address of Current Registered Agent**

Name

ELIZABETH WASHINGTON

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

1219 MAYER DR

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32211

03/24/03 90195 024 - \$150.00

700035781207

05/07/04--01090--007 \*\*157.75

**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

REGISTERED AGENT MUST SIGN

Date

**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	ELIZABETH WASHINGTON	1219 MAYER DR	JACKSONVILLE, FL 32211
VP	TOMMIE J MITCHELL	318 BROWARD RD	JACKSONVILLE, FL 32218

**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:

*Elizabeth Washington*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

Daytime Phone #

CR2E081 (01/04)

EMILY C. HELMS, CPA, PA  
Certified Public Accountant

1279 Kingsley Avenue, Suite 103  
Orange Park, FL 32073

Kingsley Center

Telephone (904) 269-4292  
Facsimile (904) 269-0391

April 30, 2004

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Reinstatement of The Village at Arlington, Inc.

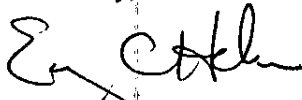
Dear Sir:

Please find attached the Corporate Reinstatement for The Village at Arlington, Inc. and a check in the amount of \$148.75 for the 2004 UBR and certificate of status as instructed by staff in your office.

We respectfully request that you abate the fees to reinstate this corporation. This corporation timely paid and filed the 2003 for Profit Corporation Uniform Business Report (UBR), a copy is attached for your review. The form was incomplete and your office returned it to be corrected. However, due to unforeseen circumstance, the business and registered agent were forced to relocate and neither the corporation nor registered agent received the returned UBR.

Please call if you have questions.

Sincerely,



Emily C. Helms

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I understand this statement will become a permanent part of that return.

  
Elizabeth Washington