

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 15 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000100205

1. Corporation Name

Arnold Enterprises, Inc.

500075547155
05/31/06--01015--006 **458.75

CR2E081 (12/05)

2. Principal Office Address

16939 Florence View Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Montverde, FL

City & State

Zip

34756

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-17-02

5. FEI Number

01-0745339

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

Jennifer Arnold

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

16939 Florence View Dr

Suite, Apt. #, Etc.

City

Montverde

State

FL

Zip Code

34756

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4-24-06

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	Jennifer Arnold	16939 Florence View Dr	Montverde, FL 34756
VP	Christopher Arnold	16939 Florence View Dr	Montverde, FL 34756

B 5/24/06

REINSTATEMENT 04-06

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 contained in Chapter 119, 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:

[Signature] Jennifer Arnold

Date

4-24-06

Daytime Phone #

352-

243-2573