

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000061061

1. Corporation Name

Arnold, Inc.

2. Principal Office Address - No P.O. Box #

411 Arricola Ave

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32080

Country

USA

3. Mailing Office Address

411 Arricola Ave

Suite, Apt. #, etc.

City & State

St. Aug, FL

Zip

32080

Country

USA

7. Name and Address of Current Registered Agent

Name

Michael H. Arnold

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

411 Arricola Ave

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32080 32092

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

Michael H. Arnold

REGISTERED AGENT MUST SIGN

Date 3/29/2010

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
CEO	Michael H. Arnold	411 Arricola Ave	St. Aug, FL 32080
CFO	Kirsten Arnold	"	"

10. E-mail Address: betteryourownworld@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Michael H. Arnold Michael H. Arnold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/2010

Date

(904)810-9685

Daytime Phone #

FILED

10 APR 23 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09-10

600173911496

03/31/10--01033--003 **150.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

870724261

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

600173911496

04/23/10--01053--014 **150.00