

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

16 JUN 28 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014-2016

DOCUMENT # P93000002640

1. Corporation Name

**Arnold Builders Corp.**

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

1504 NE Oriole Ave.

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34994

Country

USA

3. Mailing Office Address

153 South Road

Suite, Apt. #, etc.

City & State

East Arlington, VT

Zip

05252-9716

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/04/1993

5. FEI Number

65-0380938

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

Howard Zielke

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

8207 W. Bitterbush Lane

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34952

800287401008  
06/28/16--01031--011 \*\*1050.00

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

*Howard Zielke*

REGISTERED AGENT MUST SIGN

Date 6-21-16

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	Leonard A. Finning	P.O. Box 153	Cambridge, NY 12816
V/T	James A. Whitten, Jr.	8098 Firethorn Drive	Loveland, CO 80538-9681

*all small corp 2*

10. E-mail Address: LEN FINNING @ HOTMAIL. 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

*Leonard A. Finning*

Leonard A. Finning

6/23/2016

(518) 692-7354

Date

Daytime Phone #

K ASHTON