

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 OCT 23 AM 9:32

DOCUMENT # P93000043780

1. Corporation Name

ARLINGTON ROLLE CITRUS, INC.

Principal Place of Business

1906 MONTE CARLO TRAIL  
ORLANDO FL 32805

Mailing Address

1906 MONTE CARLO TRAIL  
ORLANDO FL 32805

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/14/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3220796

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ROLLE, ARLINGTON	1906 MONTE CARLO TRAIL	ORLANDO FL 32805

400003456014--0  
-11/07/00--01116--012  
\*\*\*\*150.00 \*\*\*\*150.00

10/18/2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCORMICK, JOHN M  
501 E. CHURCH STREET  
ORLANDO FL 32801

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

ARLINGTON ROLLE  
REGISTERED AGENT MUST SIGN

Date 10/18/2000

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 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:

ARLINGTON ROLLE PRES/GENERAL MGR-10/18/2000 (407) 422-4762  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ARLINGTON ROLLE CITRUS, INC.

1906 MONTE CARLO DRIVE  
ORLANDO, FLORIDA 32805  
(407) 422-4762

②

10/18/2000

I NEVER THE ORIGINAL FILING RENEWAL  
FOR THE CORP.

SING  
*Arlington Rolle*  
PRESIDENTIAL MGR