

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -7 PM 3:21

DOCUMENT # P94000015437

1. Corporation Name

A & R INDUSTRIAL MAINTENANCE, INC.

Principal Place of Business

254 E STUART AVE
STE #203
LAKE WALES FL 33853
US

Mailing Address

254 E STUART AVE
STE #203
LAKE WALES FL 33853
US

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



2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/1994

5. FEI Number

65-0476196

Applied For

Not Applicable

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
P	GOODE, JOSEPH E	1010 COHASSETT AVENUE	LAKE WALES FL 33853
P	Goode, Joseph E	254 E. Stuart Ave	Lake Wales, FL 33853
			500004698515--1
			-11/29/01--01056--008
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

GOODE, JOSEPH E
1010 COHASSETT AVE
LAKE WALES FL 33853

9. Name and Address of New Registered Agent

Name

~~Star~~ New Address

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

254 E. Stuart Ave

Suite, Apt. #, Etc.

Ste 203

City

Lake Wales

State

FL

Zip Code

33853

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/2/01

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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/01

863-676-8445
Daytime Phone #

CR2E040 (8/01)

A&R Ind. Maints.

254 E. Stuart Ave.
Ste. 203
Lake Wales, FL 33853
863-676-8445
863-676-0174 Fax

November 2, 2001

Department of state
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

In response to your request, I am sending this formal letter to state the fact that we have not received the annual report/uniform business report for 2001. We are therefore mailing the application to reinstate the corporation along with a check for \$150.00 as per our conversation on 10/26/01.

If there are any questions or comments, please feel free to contact me at any time.

Sincerely,

Pamela Filer
Office Manager