

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 26 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000051146

1. Corporation Name

R B MCARTHUR DISTRIBUTORS, INC.

Principal Place of Business

5029 COLBRIGHT RD  
LAKE WORTH FL 33467  
US

Mailing Address

5029 COLBRIGHT RD  
LAKE WORTH FL 33467  
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

07/05/1994

5. FEI Number

65-0508789

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
DPST	BATEMAN, ROBERT T	5029 COLBRIGHT RD	LAKE WORTH FL 33467

300011880583  
02/26/03--01069--001 \*\*150.00

8. Name and Address of Current Registered Agent

GILBERTSON, STEPHEN W CPA  
2200 NE 26TH ST.  
WILTON MANORS FL 33305

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*SIGNATURE REQUIRED*

REGISTERED AGENT MUST SIGN

Date

12/27/02

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

Date

Daytime Phone

12/27/02 954 2741024

**RB McArthur Distributors, Inc.  
5029 Colbright Road  
Lake Worth, Florida 33467**

**January 28, 2003**

**Division Of Corporations  
Annual Report/Reinstatement Section  
Post Office Box 6327  
Tallahassee, Florida 32314-6327**

**Gentlemen:**

**Enclosed is my Application for Reinstatement and a check payable to the Department of State for \$150.00.**

**When I received the reinstatement form I called your office and told one of your representatives that I never received my normal annual report. I have no idea why I never received the report. The representative told me to write a letter explaining this and to include a check for \$150.00 and that would be sufficient.**

**Very truly yours,**

**Robert Bateman, President**