

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC -6 PM 12: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA5000011441
1 Corporation Name
ARBOR BUILDING CORP

Principal Place of Business Mailing Address
5109 19th. Ave W.
Bradenton, FL 34209

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

2. New Principal Office Address, If Applicable <u>5109 19th. Ave W</u> Suite, Apt. #, etc.		3. New Mailing Address, If Applicable <u>(Same)</u> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <u>Feb 8, 1995</u>	
City & State <u>Bradenton, FL</u>		City & State		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <u>34209</u>	Country <u>Manatee</u>	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 1

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Sec	Lisa Peduzzi	5109 19th. Ave W. Bradenton, FL 34209	Bradenton, FL 34209
Pres	Claire Byers	5109 19th Ave W Bradenton, FL 34209	Bradenton, FL 34209
VP	Steve Channault	5109 19th. Ave W Bradenton FL	Bradenton, FL 34209

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-12/10/96--01014--008
****375.00 ****375.00
1162-10-94

8. Name and Address of Current Registered Agent <u>Lisa Peduzzi</u> <u>5109 19th. Ave W.</u> <u>Bradenton, FL 34209</u>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <u>FL</u>	
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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 Lisa Peduzzi Date 12-2-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Lisa Peduzzi 12/2/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/95)