

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 22 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000.01441

1. Corporation Name

ARBOR BUILDING CORPORATION

941-3767318

2. Principal Office Address

2107 4th. St. Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

2107 4th. St. Ct.

Suite, Apt. #, etc.

City & State

Palmetto, FL

City & State

Palmetto, FL

Zip

34221

Country

USA

Zip

34221

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-8-1995

5. FEI Number

105-8819559

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

Stephen Chennault

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

2107 4th Street Court

Suite, Apt. #, Etc.

100004851021-7

01/31/02-01051-024

***1500.00 ***1500.00

City

Palmetto

State

FL

Zip Code

34220

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

Stephen Chennault

REGISTERED AGENT MUST SIGN

Date

1/17/2002

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
PVP T.S	Stephen Chennault	1207 4th. St. Ct.	Palmetto, FL 34221

10. 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:

Stephen Chennault

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/2002

Daytime Phone #