

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 NOV 22 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000044175

1. Corporation Name

AR-JO OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

~~5126 US HWY 27 SOUTH
LAKE WALES FL 33853~~

6837 NE Hwy 17
ARCADIA FL 34266

~~5126 US HWY 27 SOUTH
LAKE WALES FL 33853~~

6837 NE Hwy 17
ARCADIA FL 34266

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

06/08/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3316213

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$5.00

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	HARKLESS, CLAIR M V President	5126 US HWY 27 SOUTH LAKE WALES FL 33853 6837 NE Hwy 17	LAKE WALES FL 33853 ARCADIA FL, 34266
D	HARKLESS, BETTY J President	5126 US HWY 27 SOUTH LAKE WALES FL 33853 6837 NE Hwy 17	LAKE WALES FL 33853 ARCADIA FL, 34266
T	Betty Jo Harkless	6837 NE Hwy 17	ARCADIA FL, 34266
S	Betty Jo Harkless	6837 NE Hwy 17	ARCADIA FL, 34266

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~PHOENIX CLIFFORD B
222 N. WILSON DR.
SEASIDE FL 33587~~

Betty Jo Harkless
6837 NE Hwy 17
ARCADIA FL, 34266

Name

Betty Jo Harkless

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

6837 NE Hwy 17

Suite, Apt. #, Etc.

ARCADIA

City

ARCADIA FL

-12/02/96--01030--006

***375.00

***375.00

State

FL

Zip Code

34266

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

Betty Jo Harkless
REGISTERED AGENT MUST SIGN

Date 11/20/96

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 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:

Betty Jo Harkless
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/96
Date

Daytime Phone #