

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1997 DEC 15 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P960000051811**

1. Corporation Name

A & D Property Management, Inc.

Principal Place of Business

Jefferson County, FL

Mailing Address

**Rt. 2, Box 121-D
Greenville, FL 32331**

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

2. New Principal Office Address, If Applicable

Same as above

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Same as above

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

July 5, 1995

5. FEI Number

59-3400706

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P, T, D	David Arnold	Rt. 2, Box 121-D	Greenville, FL 32331

600002374026--3
-12/16/97--01108--015
******923.75 ****923.75**

REINSTATEMENT

8. Name and Address of Current Registered Agent

**Claire A. Duchemin
3837-A Killearn Court
Tallahassee, FL 32308**

9. Name and Address of New Registered Agent

Name **CLAIRE A. DUCHEMIN**
Street Address (P.O. Box Number is Not Acceptable)
3845-1 KILLEARN COURT
Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32308

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

Claire A. Duchemin
REGISTERED AGENT MUST SIGN

Date

12/15/97

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:

David J. Arnold
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-15-97
Date

Daytime Phone #

**850-997
0999**