

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 OCT 21 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000079012

1. Corporation Name

JUNIOR COTILLION - THE COTILLION, INC.

96
AR

Principal Place of Business

40 COUNTRY CLUB RD.
SHALIMAR FL 32579

Mailing Address

40 COUNTRY CLUB RD.
SHALIMAR FL 32579



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

10/16/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NA

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|---|--|---|
| PRES | MYRA ARNOLD | { AS ABOVE | |
| VP TREAS | ROBERT J (BOB) ARNOLD | { | |
| | | | 100001987231--5 -10/26/96--01048--008 ****200.00 ****200.00 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARNOLD, ROBERT J
40 COUNTRY CLUB RD.
SHALIMAR FL 32579

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.

Signature of
Registered Agent

Robert J. Arnold

REGISTERED AGENT MUST SIGN

Date 18 Sep 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Arnold

18 Sep 96 904-882-4426

Date

Daytime Phone #

CR2040 (7/96)

17 Oct 96

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Sirs,

In accordance with your 4 Oct 96 letter, attached,
this letter certifies that our corporation was not
given 60 days notice of administrative dissolution.

Annual report and check for \$200 is enclosed.

Robert J. Arnold, ^{VP &} treasurer

Jeanie Cotillon - The Cotillon Inc.
40 Country Club Rd -
Staleness, FL 32579