APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000082501

1. Corporation Name

ARDIS LIMITED, INC.

REINSTATEMENT

Principal Place of Business	Mailing Address
704 N. INGRAHAM AVE. LAKELAND FL 33801 US	704 N. INGRAHAM AVE. LAKELAND FL 33801 US

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 10/23/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-3345237 — Applied For / Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status
Zip — Country	Zip — Country	

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 3	City / State / Zip 4
PCM	ARDIS, REGINALD L	704 N. INGRAHAM AVE.	LAKELAND FL 33801
			000003496510--3 -12/12/00--01025--010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ARDIS, REGINALD L 704 N. INGRAHAME AVE. LAKELAND FL 33809	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 _SIGNATURE REQUIRED_   Date _11/6/00_
REGISTERED AGENT MUST SIGN

11. 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: _Reginald L. Ardis_   Date _11/6/00_   Daytime Phone # 963 683-4565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)

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