

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -7 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000019193

1. Corporation Name

J. Ariens & Assoc. Inc.

400181771014
06/07/10--01041--028 **300.00

REINSTATEMENT 09-10
CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #

5464 Sea Edge DR.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Punta Gorda FL

City & State

Zip

Country

33950 USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

2/28/96

5. FEI Number

65-065-2299

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

Jeff Ariens

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

5464 Sea Edge DR.

Suite, Apt. #, Etc.

City

Punta Gorda

State

FL

Zip Code

33950

PROFIT CORPORATIONS ONLY
 The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 6/2/10

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
P	<u>Jeffrey Ariens</u>	<u>5464 Sea Edge DR.</u>	<u>Punta Gorda FL 33950</u>
VP	<u>Katherine Ariens</u>	<u>5464 Sea Edge DR</u>	<u>Punta Gorda FL 33950</u>
D	<u>Julie Mirecki</u>	<u>5464 Sea Edge DR</u>	<u>Punta Gorda FL 33950</u>

10. E-mail Address: jariens@mgc.com

(To be used for future annual report notification)

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, I further certify, 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

6/2/10

Date

941 916 2111

Daytime Phone #