

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

98 DEC 14 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000026754

1. Corporation Name

ARLINGTON FARMS, INC.

Principal Place of Business

Mailing Address

16380 ONE MILE RD BARN #3  
DELRAY BEACH FL 33446

16380 ONE MILE RD BARN #3  
DELRAY BEACH FL 33446



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

**REINSTATEMENT**

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. 16250 Winners Circle #2		Suite, Apt. #, etc. 16250 Winners Circle #2		03/21/1996	
City & State DeLray Bch FL		City & State DeLray Bch FL		5. FEI Number 65-0670547	
Zip 33446		Country Palm Bch		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	BEEBE, JOHN R	16380 ONE MILE RD BARN #3 16250 Winners Circle #2	DELRAY BEACH FL 33446
S	BEEBE, JOAN H	16380 ONE MILE RD BARN #3 16250 Winners Circle #2	DELRAY BEACH FL 33446
T	ROWLEY, DARLENE B	16380 ONE MILE RD BARN #3 16250 Winner's Circle #2	DELRAY BEACH FL 33446

000002720600--2  
-12/23/98-01046-002  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEEBE, JOHN R  
16380 ONE MILE RD BARN #3  
DELRAY BEACH FL 33446

Name

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

16250 Winners Circle #2.

Suite, Apt. #, Etc.

City

DeLray Bch

State

FL

Zip Code

33446

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**

REGISTERED AGENT MUST SIGN

Date 12/8/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/98

Date

561-498-2927

Daytime Phone #

CR2E040 (9/88)