

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000001180

1. Corporation Name

ARK LENDING, INC.

APPROVED

AND

FILED

99 NOV 18 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5042 CALLE-DE-SOL  
ORLANDO, FL 32819

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

2. New Principal Office Address, If Applicable

5042 CALLE-DE-SOL

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

FL

Zip

32819

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

593416835

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)

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
PRESIDENT	H. ALLEN UTCHT	2165 S. FINELEY #3	LOMBARD IL 60148
SECRETARY	ADAY JOSHI	999 GREENBAY ROAD	WINNETKA, IL 60093
CORP. TREASURER			

REINSTATEMENT

100003053141--1  
-11/23/99--01058--008  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

Hammock, Christopher W.  
1320 Louisiana Ave.  
Ste. C.  
St. Cloud, FL 34769

9. Name and Address of New Registered Agent

Name ADAY JOSHI c/o V.M. PATEL  
Street Address (P.O. Box Number is Not Acceptable)  
5042 CALLE-DE-SOL  
Suite, Apt. #, Etc.  
ORLANDO  
City ORLANDO State FL Zip Code 32819

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

*Aday Joshi*

REGISTERED AGENT MUST SIGN

Date 11/15/99

11. This corporation owes 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:

*Aday Joshi*

ADAY JOSHI, C.O.O. DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/99

Daytime Phone #

847-274-6080

CR2E081 (12/98)