

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2000 Annual Report  
APPLICATION  
FOR  
REINSTATEMENT



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P970000DD1180

1. Corporation Name ARK LENDING INC.

Principal Place of Business 1108 New York Ave E-1  
SAINT CLOUD, FLORIDA 34769  
Mailing Address 1165 John Ringe Ct.  
Kissimmee, FL 34747

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 1/6/97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FFI Number 593416835	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	Michael R. Johnson	1165 John Ringe Court Kissimmee, FL 34747	Kissimmee, Florida 34747
Secretary	Michael R. Johnson	1165 John Ringe Court	Kissimmee, FL 34747
Director	Michael R. Johnson	1165 John Ringe Court	Kissimmee, FL 34747
Treasurer	Monet P. Johnson	1165 John Ringe Court	Kissimmee, FL 34747

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\*\*\*\*158.75 \*\*\*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<del>Christopher Hammock 3310 Blossom St</del> <del>Michael R. Johnson</del> <del>1165 John Ringe Court</del> <del>Kissimmee, FL 34747</del>		Name Michael R. Johnson Street Address (P.O. Box Number is Not Acceptable) 1165 John Ringe Court Suite, Apt. #, Etc. City Kissimmee State FL Zip Code 34747	
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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 Michael R. Johnson  
REGISTERED AGENT MUST SIGN  
Date 11/17/99

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: Michael R. Johnson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 11/17/99 Daytime Phone # 407 390-1741

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