

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000050052

1. Corporation Name

JOHN ARTHUR DESIGN GROUP INCORPORATED

Principal Place of Business

1954 NORTHEAST 149TH STREET
NORTH MIAMI FL 33181

Mailing Address

1954 NORTHEAST 149TH STREET
NORTH MIAMI FL 33181

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/1997

5. FEI Number

65-0749453

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	ARTHUR, JOHN A JR	1954 NORTHEAST 149TH STREET	NORTH MIAMI FL 33181
ST	RAGNOW, DAVID E no longer an officer	1954 NORTHEAST 149TH STREET	NORTH MIAMI FL 33181
ST	Arthur, Candice C.	1954 NE 149th Street	North Miami, FL 33181
			200002710252--2
			-12/11/98--01068--013
			***750.00 ***750.00
			DR 2/19

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name
John A. Arthur Jr.
Street Address (P.O. Box Number is Not Acceptable)
1954 NE 149th Street
Suite, Apt. #, Etc.
North Miami, FL

City
N. Miami

State
FL

Zip Code
33181

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]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/25/98

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/98

(305) 948-7323
Daytime Phone #

CR2040 (9/98)