

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -9 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000061854

1. Corporation Name

ARON - MOLLOY DEVELOPMENT & CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

916 N. DIXIE HIGHWAY
BOCA RATON FL 33432

916 N. DIXIE HIGHWAY
BOCA RATON FL 33432



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

2. New Principal Office Address, If Applicable

1011 NW 51ST ST #6

Suite, Apt. #, etc.

FT. LAUDERDALE FL

City & State

33309 USA

Zip

Country

3. New Mailing Office Address, If Applicable

1011 NW 51ST ST #6

Suite, Apt. #, etc.

FT. LAUDERDALE FL

City & State

33309 USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/1997

5. FEI Number

65-0768970

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 3	City / State / Zip 4
VP	MOLLY, KEVIN G	527 1/2 N LAKESIDE DRIVE	LAKE WORTH FL 33460

200027011812
01/15/04--01020--020 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

1011 NW 51ST ST #6

Suite, Apt. #, Etc.

FT. LAUDERDALE

City

State

Zip Code

FL

33309

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/12/04

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)

January 12, 2004

Aron-Molloy Development & Construction, Corp.
1011 NW 51st Street #6
Fort Lauderdale, FL 33309
954-491-2920

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement-Fee Waiver

Doc #: P97000061854

To Whom It May Concern:

Please allow this letter to serve as a request to waive the reinstatement fee for the above business..

The business has closed its office and did not receive the ²⁰⁰⁷ renewal application on time. (Please see attached) The business is also not conducting any further business and will be closing, but due to pending litigation must remain open at this time.

Thank you in advance for your assistance.

Sincerely Yours,



Kurt Aron, President