READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 22 PM 2:29

◄ Read Instructions on Other Side Before Making Entries ►
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation DOCUMENT # P97000088341

AR DE TRUST PROPERTIES INC.
2000 N Florida Mango Road #200
West Palm Beach, FL 33409

2. If Address in Block 1 is incorrect in any way, enter the correct address below:
Address
City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:
Address
City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Applied For	6. $8.75 Additional Fee required for a Certificate of Status
10/10/97	65-0795351	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

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
D/P	McCraw, Timothy C.	845 County Road 341	Maplesville, AL 36750
D/V	McCann, Denise	2000 N Florida Mango Rd #200	West Palm Bch, FL 33409
			100002596861--6 -09/24/99--01088--002 ****550.00 ****550.00
			9/9/23

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, now registered agent / office
Name: Deborah A. Dentry
Street Address (Do NOT Use P.O. Box Number): 2000 N Florida Mango Rd #200
Street Address (Do NOT Use P.O. Box Number):
City: West Palm Beach State: FL Zip: 33409

CR4E045 (8/97)

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 Deborah A. Dentry REGISTERED AGENT MUST SIGN Date 9/17/99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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., and that all taxes owed by the corporation have been paid. 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 of Officer or Director Denise P. McCann Date 9/17/99 Daytime Phone # 561.697.5252

Typed or printed name of signing officer or director Denise P. McCann