

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000036400

1. Corporation Name

A.R.R.R.T., INC.

Principal Place of Business

6916 18TH AVENUE EAST
BRADENTON FL 34208

Mailing Address

6916 18TH AVENUE EAST
BRADENTON FL 34208

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

04/14/1998

5. FEI Number

65-0867040

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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	4 City / State / Zip
D	RICE, WILLIAM R	6916 18TH AVENUE EAST	BRADENTON FL 34208
D	ARRASMITH, LARRY W	5616 24TH AVENUE EAST	PALMETTO FL 34221
D	TYSON, THOMAS J	1736 31ST AVENUE EAST	BRADENTON FL 34208
D	REINHART, WILLIAM H JR	409 46TH STREET WEST	BRADENTON FL 34209
D	ROGERS, HANK D	26403 61ST AVENUE EAST	MYAKKA CITY FL 34251

8. Name and Address of Current Registered Agent

RICE, WILLIAM R
6916 18TH AVENUE EAST
BRADENTON FL 34208

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

William R. Rice

REGISTERED AGENT MUST SIGN

Date 10/25/00

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:

William R. Rice WILLIAM R. RICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/00 941-748-0772

Date Daytime Phone #

FILED

00 OCT 31 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *1000*

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