

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

DOCUMENT # P99000009594

1. Corporation Name

J. ARNOLD & ASSOCIATES, INC.

03 MAY -8 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1426 VICTORIA BLVD.
ROCKLEDGE FL 32955

1426 VICTORIA BLVD.
ROCKLEDGE FL 32955

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

02/01/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3554911

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 |
|---------------|---|--|-------------------------|
| P | ARNOLD, JERRY D | 1426 VICTORIA BLVD. | ROCKLEDGE FL 32955 |
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| | | | |

500012969665

02/21/93--01035--014 **150.00

500012969665

05/08/03--01035--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARNOLD, JERRY D
1426 VICTORIA BLVD.
ROCKLEDGE FL 32955

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 1/27/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/07

Date

324-639-8889

Daytime Phone #

CR2E040 (9/02)

252

1426 Victoria Blvd.
Rockledge, FL. 32955

J. Arnold & Associates

January 27, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32914-6327

Dear Sir or Madam:

Attached please find my application for reinstatement of my corporation. I did not receive the original annual report/uniform business report form or a second notice of such during 2002. I have carefully gone through all of my records during the period and was unable to find either.

I have also attached my check for \$150.00, which I hope, will reinstate my corporation to good standing. Your consideration in this matter is greatly appreciated.

Sincerely,

Jerry D. Arnold
President