

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

FILED

97 MAR 28 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S87450**

1. Corporation Name

ARROW MAINTENANCE AND REPAIR CENTER, INC.

Principal Place of Business

**950 S E 12TH STREET
HIALEAH FL 33010**

Mailing Address

**950 S E 12TH STREET
HIALEAH FL 33010**

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

10/15/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0321909

Applied For

City & State

City & State

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	BACHELOR, GEORGE	950 S.E. 12 STREET	HIALEAH FL
D	BACHELOR, MARIANNE T.	950 S.E. 12 STREET	HIALEAH FL
V	WALKER, RAYMOND S.	950 S.E. 12 STREET	HIALEAH FL

100002130111--3
-04/01/97--01069--010
****915.00 ****915.00

JB3-28-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**FINAZZO, NICOLAS
950 SE 12TH STREET
HIALEAH FL 33010**

Name **MICHAEL R. HENRICKSON**
Street Address (P.O. Box Number is Not Acceptable)
950 S.E. 12th STREET
Suite, Apt. #, Etc.
City **HIALEAH** State **FL** Zip Code **33010**

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 *Michael R. Henrickson*
REGISTERED AGENT MUST SIGN

Date **3-21-97**

11. 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.)

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: *Michael R. Henrickson* **MICHAEL R. HENRICKSON**
ASSISTANT SECRETARY **3-21-97** (305) 889-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

OFFICERS & DIRECTORS

**COMPANY: ARROW MAINTENANCE AND
REPAIR CENTER, INC.**

Title	Name	Address
P/D/C	Batchelor, George E.	950 S.E. 12th Street Hialeah, FL 33010
D/S	Batchelor, Marianne T.	950 S.E. 12th Street Hialeah, FL 33010
D	Ferraresi, Daniel J.	950 S.E. 12th Street Hialeah, FL 33010
V	Walker, Raymond S.	950 S.E. 12th Street Hialeah, FL 33010
V	Mesecher, Boyd D.	950 S.E. 12th Street Hialeah, FL 33010
T	Higgins, John J.	950 S.E. 12th Street Hialeah FL 33010
AS	Henrickson, Michael R.	950 S.E. 12th Street Hialeah FL 33010
AS	Dawson, Humphrey	950 S.E. 12th Street Hialeah FL 33010