

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

03 OCT 21 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V50030**

1. Corporation Name

LANCE ARRINGTON ASSOCIATES, INC.

Principal Place of Business

1208 ALEXA DRIVE
WINTER PARK FL 32789
US

Mailing Address

1208 ALEXA DRIVE
WINTER PARK FL 32789
US

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

07/10/1992

5. FEI Number

59-3135689

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
ARRINGTON, LANCE	ARRINGTON, LANCE	1208 ALEXA DRIVE	WINTER PARK FL 32789
EVP	ARRINGTON, CAROL	1208 ALEXA DRIVE	WINTER PARK FL 32789
EVP	FOGEL, WAYNE	1208 ALEXA DRIVE	WINTER PARK FL 32789

200023964202
10/21/03--01037--008 **150.00

8. Name and Address of Current Registered Agent

ARRINGTON, LANCE
1208 ALEXA DRIVE
WINTER PARK FL 32789

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. or 617.0505, F.S.

Signature of
Registered Agent

Carol B. Arrington
SUBSTITUTION REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-12-03

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:

Carol B. Arrington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

CAROL B. ARRINGTON

October 13, 2003

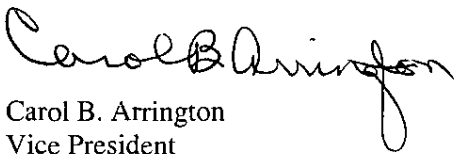
Florida Department of State
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Lance Arrington Associates, Inc.
DBA The Arrington Group

To Whom It May Concern:

Enclosed please find an application for reinstatement for the above referenced corporation, along with the \$150.00 annual filing. My husband, Lance Arrington, president of The Arrington Group, passed away on December 3, 2002, handled the filing of the Annual Uniform Business Report. I did not receive the Uniform Business Report for 2003. Please make sure the address of record is 1208 Alexa Drive Winter Park, FL 32789.

Sincerely,



Carol B. Arrington
Vice President