

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 AM 8:59

DOCUMENT # **830631**

1. Corporation Name

ARMFIELD INCORPORATED

2. Principal Office Address

436 W. COMMODORE BLVD
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 261
Suite, Apt. #, etc.

City & State

JACKSON, NEW JERSEY
Zip

Country

USA

City & State

LAKEWOOD, NEW JERSEY
Zip

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/21/90

5. FEI Number

42-1233634

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

THE PRENTICE-HALL CORPORATION SYSTEM INC

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

1201 HAYS STREET

Suite, Apt. #, Etc.

105

City

TALLAHASSEE

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Fatima Fanel - authorized Representative

Date **4-23-03**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIRECTOR	CHRISTOPHER J. ADDIS	56 CARROLL AVENUE	FERNDOWN, DORSET
PRESIDENT			ENGLAND
DIRECTOR	SIMON F. FARROW	DIAL CT RUDLEY RD	CHRISTCHURCH DORSET
VP			ENGLAND
SECRETARY	SIMON F. FARROW	SAME AS ABOVE	SAME AS ABOVE

10. 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 19.07(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:

Simon F. Farrow

SIMON F. FARROW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

732.262.6500

Daytime Phone #

CR2E081 (10/02)

5/1/03

MOHEL VOGEL ELLIOTT BAUER & GASS
A PROFESSIONAL ASSOCIATION

FOUNDED IN 1926 BY SIDNEY MOHEL

CERTIFIED PUBLIC ACCOUNTANTS

1339 RIVER AVENUE, P.O. BOX 261, LAKEWOOD, NEW JERSEY 08701 -5615
732/363-6500 FAX: 732/363-0675



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ARNOLD D MOHEL CPA (RETIRED)
RONALD P VOGEL CPA (RETIRED)

May 2, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Armfield Incorporated

Gentlemen:

Enclosed please find Corporation Reinstatement Application for our above captioned client. Our client moved their office in 2001 and they never received the form for the 2001 Uniform Business Report. It was not until they went to file their 2002 Uniform Business Report that they realized that they had not yet filed the 2001 Uniform Business Report. I have advised them that they have no nexus with the State of Florida and therefore have no need to register with the State, however they would still like to maintain the registration. I am therefore enclosing the Corporation Reinstatement Application along with a check in the amount of \$300 to cover the annual fee for 2001 and 2002. Please accept this as payment in full and reinstate the registration.

Thank you for your cooperation.

Very truly yours,
Mohel Vogel Elliott Bauer & Gass

Eli Gass, CPA
For the firm

EG:bt
Enclosures