PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

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

**FILED**
98 JUL 30 AM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765617 WAR-16140

1. Corporation Name

CLAN ROSS ASSOCIATION OF THE UNITED STATES

Principal Place of Business | Mailing Address

400002606304--6
-08/04/98--01011--005
****358.75 ****358.75

96-98

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 |
|---|---|
| PO Box 472 | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Pevely MO | City & State |
| Zip: 63070 Country: U.S. | Zip / Country |

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-0715528 ☐ 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 (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| PRES. | HAROLD ANDREWS | 2071 W STR | UKIAH, CA 95482 |
| TREAS | KATHLEEN OBRIEN | 149 PARC GREENWOOD | HILLSBORO MO 63050 |
| MEMB SECT | MARILYN ROSS | 5430 S. 5TH ST | ARLINGTON VA 22204 |
| SECY | SHIRLEY ROSS | 235 S. JEFFERSON | GALION OH 44833 |
| T | DOROTHY J. OBRIEN | 13245 HWY CC | FESTUS MO 63028 |
| T | HARDIN ROSS | 676 JUNALUSKA RD | ANDREWS N.C. 28901 |

8. Name and Address of Current Registered Agent

X SAME → B 9/3

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9. Name and Address of New Registered Agent

Name: LAWRENCE FRANCIS ROSS
Street Address (P.O. Box Number is Not Acceptable): 205 REDWING COURT
Suite, Apt. #, Etc.
City: CASSELBERRY State: FL Zip Code: FLORIDA 32707

CR2E040 (1/98)

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: Lawrence F. Ross
REGISTERED AGENT MUST SIGN

Date: JULY 11, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Kathleen OBrien — 7/6/98 — 314 466 9219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T W. "Dick" Ross
1402 Northridge St
Albemarle, NC 28001