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
99 MAR -3 PM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 500119

1. Corporation Name

P. CLAYTON ENTERPRISES, INC.

Principal Place of Business | Mailing Address

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	
5533 SEASPRAY DRIVE		5533 SEASPRAY DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PENSACOLA, FLORIDA		City & State: PENSACOLA, FLORIDA	
Zip: 32507	Country: USA	Zip: 32507	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/30/76

5. FEI Number: 59-1662513 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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
P/S/D	PHYLLIS A. CLAYTON	5533 SEASPRAY DRIVE	PENSACOLA, FL 32507
V/T/D	WILLIAM P. CLAYTON	5533 SEASPRAY DRIVE	PENSACOLA, FL 32507
	REINSTATEMENT 99-99		700002758077--3 03/03/99--01074--008 ***1058.75 ***1058.75
		B	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: PHYLLIS A. CLAYTON
Street Address (P.O. Box Number is Not Acceptable): 5533 SEASPRAY DRIVE
Suite, Apt. #, Etc.
City: PENSACOLA State: FL Zip Code: 32507

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: Phyllis A. Clayton Date: 3-2-99
REGISTERED AGENT MUST SIGN

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: Phyllis A. Clayton PHYLLIS A. CLAYTON 3-2-99 850-438-3622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #