

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 26 AM 10:24

DOCUMENT # **531445**

1. Corporation Name
CLARK PLASTERING INC

900004717519--6
-12/10/01--01112--024
***1500.00 ***1500.00

2. Principal Office Address 6531-43RD ST. NO		3. Mailing Office Address 5820-46TH AVE. N O	
Suite, Apt. #, etc. #1610		Suite, Apt. #, etc.	
City & State PINELLAS PARK, FL		City & State ST. PETERSBURG, FL	
Zip 33781	Country PINELLAS	Zip 33709	Country PINELLAS

REINSTATEMENT 96-01

4. Date Incorporated or Qualified To Do Business in Florida APR. 13, 1977	Applied For
5. FEI Number 591-736-502	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name GORDON E BURNHAM	
Street Address (P.O. Box Number is Not Acceptable) 5820-46TH AVE. NO	
Suite, Apt. #, Etc.	
City ST. PETERSBURG, FL	Zip Code FL 33709

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 **Gordon Burnham** Date **11/15/01**
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
P	GORDON BURNHAM	5820-46 TH AVE NO	ST. PETERSBURG, FL 33709
S/T	LOIS A. BURNHAM	SAME	SAME

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 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: **Lois A. Burnham** **LOIS A. BURNHAM** 11/15/01 787-526-7693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E001 (9/00)