


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -9 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000006565

1. Corporation Name
CLARK Development Group, Inc
1115 S. 4th Street
LOUISVILLE, KY 40203

2. Principal Office Address <u>1115 S. 4th Street</u>		3. Mailing Office Address <u>1115 S. 4th St.</u>	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____	
City & State <u>LOUISVILLE, KY</u>		City & State <u>LOUISVILLE, KY</u>	
Zip <u>40203</u>	Country _____	Zip <u>40203</u>	Country <u>U.S.</u>

REINSTATEMENT 02-04

4. Date Incorporated or Qualified To Do Business in Florida 12-27-01 MRD

5. FEI Number 61-1331007 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 Todd CLARK

Street Address (P.O. Box Number is Not Acceptable) GRANDVIEW CONDOMINIUMS 200030066302

Suite, Apt. #, Etc. 100 MONACO STREET - #102 03/09/04--01035--027 **450.00

City Destin, FL State FL Zip Code 32550

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 [Signature] Date 3/3/04

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
<u>Pres</u>	<u>MARY C. CLARK</u>	<u>701 BLANKENBAKER</u>	<u>LOUISVILLE, KY 40207</u>
<u>Secr</u>	<u>JOHN M. CLARK</u>	<u>701 BLANKENBAKER</u>	<u>LOUISVILLE, KY 40207</u>
<u>Treas</u>	<u>TODD M. CLARK</u>	<u>425 COUNTRY LANE</u>	<u>LOUISVILLE, KY 40207</u>

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.

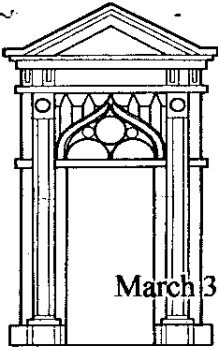
SIGNATURE: [Signature] 3/3/04 (502) 568-2227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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CLARK ENTERPRISES

DEVELOPMENT • CONSTRUCTION • PROPERTY MANAGEMENT



March 3, 2004

Department of State
Divisions of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Document #F01000006565
Clark Development Group, Inc.

Enclosed please find reinstatement form along with our check in the amount of \$450.00 which represent filing fees for the Annual Report for years 2002-2003-2004. I ask the \$600.00 re-instatement fee be waived as the Annual Reports were going to the wrong address (1150 S. 4th Street; our address is 1115 S. 4th Street).

Please contact me should you have any questions at (502) 736-3106.

Sincerely,

A handwritten signature in cursive script that reads "Pamela Walter".

Pamela Walter,

OFFICE (502) 568-2927

FAX (502) 568-2902