


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F02000006190		
1. Entity Name CLARK CININNATI, INCORPORATED		

FILED
04 NOV -2 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 331 S.W. 57TH AVE. OCALA, FL 34474-9346	Mailing Address 101 CLARK BLVD MASON, OH 45040 Middletown 45044
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 101 Clark Blvd Suite, Apt. #, etc.
City & State Middletown Ohio	City & State Middletown Ohio
Zip 45044	Country USA

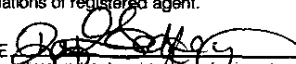


4. FEI Number 31-1316947	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FISHER, DAVID W 1880 S.W. 76TH LANE OCALA, FL 34476	
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7. Name and Address of New Registered Agent Name: Ray Godfrey Street Address (P.O. Box Number is Not Acceptable): 331 Sw 57th Ave City: Ocala FL Zip Code: 34474	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

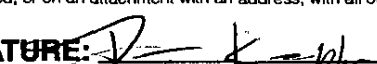
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 10/25/04

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COURTNEY, WILLIAM 303 LINDEN RIDGE WYOMING, OH 45215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700042395577 11/02/04--01029--015 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANSEN, DAVID P.O. BOX 8712 WEST CHESTER, OH 450718712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEEBLER, DAVID 7265 ST. IVES WEST CHESTER, OH 45069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 10/25/04 DAYTIME PHONE #: 513539-2900