

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

02 MAR 13 PM 12:19

DOCUMENT # F96000004043

1. Corporation Name

C.R. CLARKE & Co. (US) INC.

300005169453--4

-03/26/02--01053--001

\*\*\*1508.75 \*\*\*1508.75

REINSTATEMENT 97-02

2. Principal Office Address

1106 CELEBRATION AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

1106 CELEBRATION AVE.

Suite, Apt. #, etc.

City & State

CELEBRATION, FL.

City & State

CELEBRATION, FL.

Zip

34747

Country

USA

Zip

34747

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1996

5. FEI Number

23-2615749

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

MARTIN M. ROBERTS

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

1106 CELEBRATION AVE.

Suite, Apt. #, Etc.

City

CELEBRATION

State  
FL

Zip Code

34747

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

M.M. Roberts (V.P.)

REGISTERED AGENT MUST SIGN

Date

3:12:02

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	CHRISTOPHER CLARKE	1106 CELEBRATION AVE.	CELEBRATION, FL. 34747
VP	MARTIN ROBERTS	1106 CELEBRATION AVE.	CELEBRATION, FL. 34747

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:

M.M. Roberts (MARTIN M. ROBERTS)

3:12:02

(407) 566 0755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E981 (9/01)