

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F97000003885

1. Corporation Name

CLAYTON NATIONAL INC.

Principal Place of Business

Mailing Address

2 ENTERPRISE DRIVE SUITE 404
SHELTON CT 06484

2 ENTERPRISE DRIVE SUITE 404
SHELTON CT 06484

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4 CORPORATE DRIVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4 CORPORATE DRIVE

Suite, Apt. #, etc.

City & State

SHELTON, CT

Zip **06484**

Country

City & State

SHELTON, CT

Zip **06484**

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/24/1997

5. FEI Number

13-3859649

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

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
PD	LAMANDO, STEPHEN M	5 MADLINE AVENUE 8 BERMUDA RD	WESTPORT CT 06880
SD	KRELL, PETER A	336 GARDEN STREET APT 1	HOBOKEN NJ 07030
			800002702168-4 -12/03/98-01038-005 ***750.00 ***750.00
			REINSTATEMENT 98
			TS. 12/1/98

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Edmund J. P. REQUIRED
REGISTERED AGENT MUST SIGN

Date

11-30-98

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)(f), 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:

STEPHEN LAMANDO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/25/98 203-929-0505