

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 AUG -3 AM 10:45

DOCUMENT # **F97000003885**

1. Corporation Name

CLAYTON NATIONAL, INC.

2. Principal Office Address

2 CORPORATE DRIVE

Suite, Apt. #, etc.

City & State

SHELTON, CT

Zip

06484

Country

USA

3. Mailing Office Address

2 CORPORATE DRIVE

Suite, Apt. #, etc.

City & State

SHELTON, CT

Zip

06484

Country

USA

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business In Florida**

7/24/97

SP

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. Name and Address of Current Registered Agent

Name

NATIONAL REGISTERED AGENTS, INC.

200004525072--5

-08/08/01--01092--014

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

526 EAST PARK AVENUE

******150.00 ****150.00**

200004525072--5

-08/08/01--01092--013

Suite, Apt. #, Etc.

******300.00 ****300.00**

City

TALLAHASSEE

State

FL

Zip Code

32301

750.00 750.00

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

C. Baclet

Date **Aug 2, 2001**

C. Baclet, VP

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
PRES	STEPHEN LAMANDO	2 CORPORATE DRIVE	SHELTON, CT 06484
SEC & TREAS	BRIAN NEWMAN	2 CORPORATE DRIVE	SHELTON, CT 06484

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN C NEWMAN

Date

7/21/01

Daytime Phone #

203 926 5600

CR2E081 (8/00)