

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -2 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000006305

1. Corporation Name

CLEMENTS FAMILY CORPORATION

Principal Place of Business

Mailing Address

626 S. HIGH STREET, STE 500
COLUMBUS OH 43215-4519

626 S. HIGH STREET, STE 500
COLUMBUS OH 43215-4519



REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable

145 E RICH ST

3. New Mailing Office Address, If Applicable

145 E RICH ST

Suite, Apt. #, etc.

4TH FL

Suite, Apt. #, etc.

4TH FL

City & State

COLUMBUS OH

City & State

COLUMBUS OH

Zip

43215

Country

FRANKLW

Zip

43215

Country

FRANKLW

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1997

5. FEI Number

31-1554136

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	4 City / State / Zip
PCTD	RILEY, CHRISTINE K	6019 BRADFORD CIR 4332 LIVE OAK BLVD	PALM HARBOR FL 34685
VD	CLEMENT, DANIEL	143 S HURON AVE	COLUMBUS OH
SAT	SAYLOR, DIANE C	543 OLD COACH ROAD	WESTERVILLE OH

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-12/14/99--01097--021

***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RILEY, CHRISTINE K

6019 BRADFORD CIRCLE 4332 LIVE OAK BLVD
PALM HARBOR FL 34685

Name

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

4332 LIVE OAK BLVD

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34685

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

Christine K. Riley

Date

11/30/99

REGISTERED AGENT MUST SIGN

11. 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:

Christine K. Riley, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHRISTINE K. RILEY, PRESIDENT

11/30/99

Date

727-785-0813

Daytime Phone #

KE