

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 25 AM 10:42

DOCUMENT # F98000000700

1. Corporation Name

CLARK CONSTRUCTION COMPANY, INC.

2. Principal Office Address

811 County Ro 99

Suite, Apt. #, etc.

City & State

HEADLAND, AL

Zip

36345

Country

US

3. Mailing Office Address

P.O. Box 249

Suite, Apt. #, etc.

City & State

HEADLAND, AL

Zip

36345

Country

AL

4. Date Incorporated or Qualified  
To Do Business in Florida

2/5/98

5. FEI Number

63-0567865

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

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

PETER F. SOUZA

ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

4/19/00

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/H/D	COLBERT F. CLARK	811 County Ro 99	HEADLAND, AL 36345
V	JAMIE OWENS	811 County Ro 99	HEADLAND, AL 36345
V	MARCUS A. DAVIS, JR.	811 County Ro 99	HEADLAND, AL 36345

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 - A. DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

334-693-9040

Daytime Phone #

CR2E081 (9/98)