

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION REINSTATEMENT**  
**FLORIDA DEPARTMENT OF STATE**  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS



99400 UBR

FILED

00 JUL 25 PM 3:33

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F98000000989

1. Corporation Name  
 Chandler R. Clary Enterprises, Inc.

2. Principal Office Address  
 922 W. Crawford St.

3. Mailing Office Address  
 PO Box 760

City & State  
 Quincy, FL

City & State  
 Quincy, FL

Zip Country  
 32351 USA

Zip Country  
 32353 USA

4. Date Incorporated or Qualified To Do Business in Florida  
 6/1/1992

5. FEI Number  
 52-1781098

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

7. Name and Address of Current Registered Agent

Name  
 Chandler R. Clary

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

Suite, Apt. #, Etc.

City Quincy State FL Zip Code 32351

500003343825-5  
 -08/02/00-01049-016  
 \*\*\*\*308.75 \*\*\*\*308.75

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 *Chandler R. Clary* Date 7/25/2000  
 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 & CEO	Chandler R. Clary	922 W. Crawford St.	Quincy, FL 32351
VP & Treasurer	Regina Clary	" " " "	" " "
VP	Daniel Clary	" " " "	" " "
VP	Marah Clary	" " " "	" " "
VP	Crystal Clary	" " " "	" " "
VP	Brian Clary	" " " "	" " "

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: *Chandler R. Clary* Chandler R. Clary 7/25/2000 850-627-3302  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)

7/25/2000 20/2

From: Chandler R. Clary Enterprises, Inc  
c/o: Chandler R. Clary

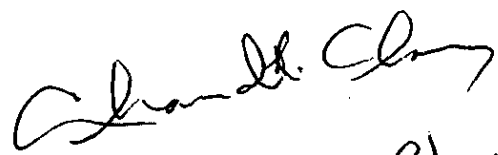
To: Whom it Concern

I Chandler R. Clary declare that I never received the renewal form to renew the corporation above.

I therefore am asking that the late fees be waived for consideration therein.

Thanks in advance!

Sincerely,



Chandler R. Clary