

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

CORPORATION
REINSTATEMENT



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

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.

Suite, Apt. #, etc.

City & State

Quincy, FL

Zip

32351

Country

USA

3. Mailing Office Address

PO Box 760

Suite, Apt. #, etc.

City & State

Quincy, FL

Zip

32353

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/1992

5. FEI Number

52-1781098

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

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

LS

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

REGISTERED AGENT MUST SIGN

Date

7/25/2000

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 & Treas	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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/2000
Date

850-
627-3302
Daytime Phone #

CR2E081 (9/99)

7/25/2000 20/2

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

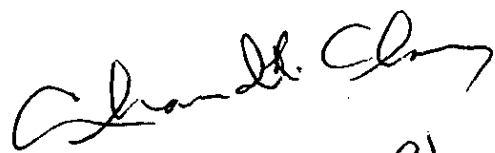
To: Whom it Concern

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