

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 22 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G 73406

1. Corporation Name

GLADYS C. CLAVEL RANCH, INC.

Principal Place of Business

Mailing Address

2-NORTH OHIO AVENUE
WAUCHULA, FL 33873

POST OFFICE BOX 98
WAUCHULA, FL 33873

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

2. New Principal Office Address, if Applicable
119 NORTH OHIO AVENUE

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

DECEMBER 13, 1983

State, Apt. #, etc.

State, Apt. #, etc.

5. FEI Number
59-2346121

Applied For
Not Applicable

City & State

City & State

WAUCHULA, FL

Zip
33873

Country
US

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer (within Director (Florida nonprofit corporation, must list at least 3 Directors))

1. Title(s)	2. Name of Officer and/or Director	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City, State, Zip
VP	JOE L. DAVIS, JR.	2306 U.S. 27, SOUTH	AVON PARK, FL 33825

20000306052-1
-12/03/99--01098--003
2027.50 2027.50

REINSTATEMENT 89-99 11TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WARD E. DAHLGREN
1750 RINGLING BLVD.
SARASOTA, FL 33577

Name
E. MAURICE CLAVEL

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

119 NORTH OHIO AVENUE

R.A.C. No. 119

City, State, Zip
WAUCHULA, FL

State
FL

Zip Code
33873

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607 (SM), F.S.

Signature of Registered Agent

E. Maurice Clavel

REGISTERED AGENT MUST SIGN

Date

11/18/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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 119.071(1)(b), 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

Joe L. Davis, Jr.

JOE L. DAVIS, JR.

11/18/99

863/453-7777

PRINT NAME AND TITLE OF PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Phone Number