

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED

Aug 22 1997 8:00am
Secretary of State

APPLICATION
FOR



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

DOCUMENT # J08984

1. Corporation Name

CLERMONT MANAGEMENT, INC.

Principal Place of Business

Mailing Address

% C T CORPORATION SYSTEM
~~8751 W. BROWARD BLVD.~~
~~PLANTATION FL 33324~~

% C T CORPORATION SYSTEM
~~8751 W. BROWARD BLVD.~~
~~PLANTATION FL 33324~~

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

2. New Principal Office Address, If Applicable

~~5558 CHEVROLET RD.~~
Suits, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~5558 CHEVROLET RD.~~
Suits, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/14/1986

5. FEI Number

31-1170967

Applied For

Not Applicable

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

City & State
CINCINNATI, OH
Zip 45247 Country

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CINCINNATI, OH
Zip 45247 Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	WRIGHT, GLEN	8701 NE 54TH ST. 3025 SNOW HILL RD	VANCOUVER WA WEST HARRISON, IN 47060
			300002277773 -08/26/97--01041--017 ***225.00
			200002277772 -08/26/97--01041--016 ***383.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suits, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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.)

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:

Clara Wright
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/97

513-385-4000

CP2E040 (7/96)