

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **J51658**

1. Corporation Name

CLAUSEN BROTHERS CORPORATION

Principal Place of Business

4400 34TH STREET NORTH.. #D
ST PETERSBURG FL 33714
US

Mailing Address

4400 34TH STREET NORTH.. #D
ST PETERSBURG FL 33714
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida

01/07/1987

5. FEI Number

59-2760172

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CLAUSEN, GARY D	4069 36TH AVE N	ST PETERSBURG FL 33713
T	CLAUSEN, CARLA	4069 36TH AVE N	ST PETERSBURG FL 33713
V	CLAUSEN, MARK	4550 15TH AVE N	ST PETERSBURG FL 33713
S	CLAUSEN, VERNON	5601 16TH AVE N	ST PETERSBURG FL 33703
300004721183--1 -12/12/01--01077--021 ***150.00 ***150.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLAUSEN, GARY D
4069 36TH AVE N
ST PETERSBURG FL 33713

Name

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

Suite, 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

GARY D CLAUSEN
REGISTERED AGENT MUST SIGN

Date 11.9.01

11. 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:

Carla Clausen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11.9.01

727.521-1221

282

November 9, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Annual Report
Clausen Brothers Corporation
Taxpayer ID 59-2760172

Dear Sir or Madam:

I am enclosing an application for reinstatement for the above captioned corporation.

We do not have any record of receiving the original annual report or second notice. We have undergone a change of management in our administrative office and have recently realized that the 2001 annual corporate report has not been remitted. The original annual report has been mishandled somewhere in the process.

Please renew our corporation with the enclosed annual report.

Enclosed you will find our check in the amount of \$150.00 to renew the annual report. Please abate the penalty of \$400.00.

Thank you for your cooperation.

Sincerely,



Carla Clausen
Clausen Brothers Corporation
4400 34th Street North #D
St. Petersburg, FL 33714