

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# J51658

FILED
Jan 02, 2008
Secretary of State

Entity Name: CLAUSEN BROTHERS CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2760172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CLAUSEN, MARK S
4550 15TH AVE N
ST PETERSBURG, FL 33713 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARK S CLAUSEN

01/02/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLAUSEN, MARK
Address: 4550 15TH AVE N
City-St-Zip: ST PETERSBURG, FL 33713

Title: VP () Delete
Name: CLAUSEN, VERNON
Address: 5601 16TH AVE N
City-St-Zip: ST PETERSBURG, FL 33703

Title: VP () Delete
Name: CLAUSEN, MICHEAL S
Address: 4550 15TH AVE N
City-St-Zip: ST PETERSBURG, FL 33713 US

Title: S () Delete
Name: CLAUSEN, CINDY
Address: 4400 34TH STREET NORTH, UNIT D
City-St-Zip: ST PETERSBURG, FL 33714 US

Title: T () Delete
Name: CLAUSEN, JONI
Address: 4400 34TH STREET NORTH, UNIT D
City-St-Zip: ST PETERSBURG, FL 33714 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CLAUSEN, MICHEAL S
Address: 4400 34TH ST N
City-St-Zip: ST PETERSBURG, FL 33714 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK S CLAUSEN

P

01/02/2008

Electronic Signature of Signing Officer or Director

Date