

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -8 PM 4:00

DOCUMENT # K10062

1. Corporation Name

Clairson Industries Corporation

2. Principal Office Address

421 South Pine Avenue

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34474-4175

Country

USA

3. Mailing Office Address

c/o Donald P. Sauey
6170 Brookhollow Parkway

Suite, Apt. #, etc.

City & State

Norcross, GA 30071-3536

Zip

30071-3536

Country

USA

REINSTATEMENT

01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-4-88

5. FEI Number

65-0091996

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

C. Daniel Hicks

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

421 South Pine Avenue

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474-4175

300004793223-8
-01/24/02-01007-012
****750.00 ****50.00

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

C. Daniel Hicks

Date 1-7-02

REGISTERED AGENT MUST SIGN C. Daniel Hicks

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
CPD	Donald P. Sauey	6170 Brookhollow Parkway	Norcross, GA 30071-3536
AS	C. Daniel Hicks	421 South Pine Avenue	Ocala, FL 34474-4175
			300004793223-8 -01/24/02-01007-012 ****150.00 ****150.00
			AD

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)(l), 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.

C. DANIEL HICKS, Registered Ag

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Daniel Hicks

12/18/01

Date

(352) 351-3353

Daytime Phone #