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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 OCT 28 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09896

1. Corporation Name

CHARLES W. CLAYTON FAMILY FOUNDATION, INC.

REINSTATEMENT 02

2. Principal Office Address	**3.** Mailing Office Address
1190 NORTH PARK AVENUE	1190 NORTH PARK AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER PARK, FL	City & State: WINTER PARK, FL
Zip: 32789 Country: USA	Zip: 32789 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/21/1985

5. FEI Number: 592678484 ☐ 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: LOWMAN, JR., WILLIAM R.

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

Suite, Apt. #, Etc.: 315 E. Robinson Street #600

City: Orlando State: FL Zip Code: 32789

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date 10/25/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
DP	CLAYTON, CHARLES W. III	1190 N. PARK AVENUE	WINTER PARK, FL 32789
DV	ROLL, HOPE C.	1190 N. PARK AVENUE	WINTER PARK, FL 32789
DS	CLAYTON, CLAY W.	1190 N. PARK AVENUE	WINTER PARK, FL 32789
DT	CLAYTON, COLE W.	1190 N. PARK AVENUE	WINTER PARK, FL 32789

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)(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: _____ 10/24/02 407-622-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charles Clayton / 5257-1

Florida Department of State
Division of Corporations
Public Access System

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From:
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Account Number : I19990000006
Phone : (407)425-7010
Fax Number : (407)425-2747

CORPORATION REINSTATEMENT

CHARLES CLAYTON COMPANIES, INC.

Certificate of Status	1
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