

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N20264**

**1. Corporation Name**

Clan Gillean U.S.A. Inc.

**2. Principal Office Address - No P.O. Box #**  
1333 Pine Trl.

Suite, Apt. #, etc.

City & State  
Clayton, NC

Zip  
27520-9345

Country  
USA

**3. Mailing Office Address**  
P.O. Box 1280

Suite, Apt. #, etc.

City & State  
Lenoir City, TN

Zip  
37771-1280

Country  
USA

**7. Name and Address of Current Registered Agent**

Name  
Robert H. Forsman

Street Address (P.O. Box Number is Not Acceptable)  
4010 Oak Hammock Ln

Suite, Apt. #, Etc.

City  
Ft. Pierce

State  
FL

Zip Code  
34981

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 03/09/09

**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
P/D	Claude W. Hicks, Jr.	3072 Ashby Dr.	Macon, GA 31204
V/D	Robert S. McLean	1333 Pine Trl.	Clayton, NC 27520-9345
T/D	Mark A. Lane	3173 Sharp Dr.	Lenoir City, TN 37771
PP	Owen Kirk Lane	178 Kell Farm Rd.	Walhalla, SC 29691
PP	Clarence N. Greek	2519 Regency Park Dr.	Murfreesboro, TN 37129

**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 contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**

09 MAR 16 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500145939535

03/16/09--01056--006 \*\*183.75

**REINSTATEMENT**

07-09

**4. Date Incorporated or Qualified  
To Do Business in Florida** 09/07/1990

**5. FEI Number**  
56-0836635

Applied For  
Not Applicable

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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

3/17/09