

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N99000002743**

1. Corporation Name

**CLEWISTON REDEVELOPMENT AGENCY, INC.**

Principal Place of Business

Mailing Address

**544 SUGARLAND HIGHWAY  
CLEWISTON FL 33440**

**544 SUGARLAND HIGHWAY  
CLEWISTON FL 33440**

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

**05/04/1999**

**SP**

5. FEI Number

**65-0811015**

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
D	ANDERSON, JEAN	339 WEST EL PASO	CLEWISTON FL 33440
D	COUSE, MILLER	544 SUGARLAND HIGHWAY	CLEWISTON FL 33440
D	DYESS, KAY	P.O. BOX 275 N/A	CLEWISTON FL 33440
D	FRY, CURTIS	111 SAN BENITO	CLEWISTON FL 33440
D	MURRISH, PAT	112 E. SUGARLAND HWY	CLEWISTON FL 33440
D	HOWELL, CHRIS	407 E. DEL RIO	CLEWISTON FL 33440

8. Name and Address of Current Registered Agent

**HENDRY, JOSEPH M II  
606 W SUGARLAND HIGHWAY  
CLEWISTON FL 33440**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**200003582832-4**

**-01/26/01--01156--019**

**\*\*\*\*297.50 \*\*\*\*297.50**

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **12/13/2000**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12-12-00 863-983-9155**  
Date Daytime Phone #

FILED  
01 JAN 11 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

CR2E040 (8/00)