PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

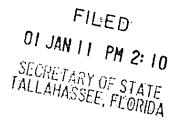
CLEWISTON REDEVELOPMENT AGENCY, INC.

Principal Place of Business

Mailing Address

544 SUGARLAND HIGHWAY

544 SUGARLAND HIGHWAY



CLEWISTON FL 33440		CLEWISTON FL 33440			DEBICTATE AT AT				
If above a	ddresses are	incorrect in any way, line	through incorrect in	nformation and e	enter correction below.	MEINS	TATEMENT <u>a</u>	74	
				ng Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 05/04/1999 SP			
Suite, Apt. #, etc. Suite, Apt. #,			etc.		5. FEI Number	r land	SP pided For		
City & State			_City & State	City & State -			1100	ot Applicable =	
Zip Country Zip		Zip	Co	ountry	6. CERTIFICATE OF STATUS DESIRED for a Certificate of Status		I Fee required te of Status		
7. Names a	and Street Ad	dresses of Each Officer a	nd/or Director (Flo	rida nonprofit co	.:				
Title(s) 1	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3			City / State / Zip			
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						Name and Address of New Registered Agent			
					Name		•		
HENDRY, JOSEPH M II					Street Address	Street Address (P.O. Box Number is Not Acceptable)			
606 W SUGARLAND HIGHWAY CLEWISTON FL 33440					Suite, Apt. #, Et	20003582832			
				City			State Zip Code		
10. I, being	appointed th	e registered agent of the				obligations of Sect	ion 607.0505, F.S.		
Signature of Registered Agent \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									
REGISTERED AGENT MUST SIGN									

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

863-983-915

Daytime Phone #