

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 800 000002262

1. Corporation Name

Clarkitecture Construction, Inc

2. Principal Office Address - No P.O. Box #

12800 US Hwy 1

Suite, Apt. #, etc.
Suite 280

City & State

Juno Beach

Zip
33408

Country
US

3. Mailing Office Address

12800 US Hwy 1

Suite, Apt. #, etc.
Suite 280

City & State

Juno Beach

Zip
33408

Country
US

REINSTATEMENT
CR2E08 (1/07)

06-07

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2001

5. FEI Number
65-0486230

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
John T Holz, CPA

Street Address (P.O. Box Number is Not Acceptable)
3003 S Congress Ave

Suite, Apt. #, Etc.
Suite 2D

City
Palm Springs

State
FL

Zip Code
33461

☒ 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.

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

John Holz

REGISTERED AGENT MUST SIGN

Date

12/3/07

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
Pres	Michael D Clark	11154 Sandy Run Road	Jupiter, FL 33478

500112889045
12/06/07--01011--012 **300.00

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:

Michael Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-3-07

Daytime Phone #

561 348 4920

12/7/07