




FROM : NEWERA

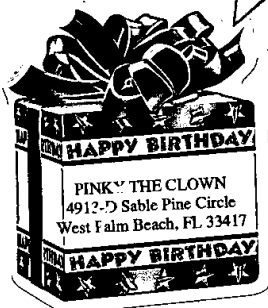
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Oct. 24 2001 02:02PM P2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 OCT 29 AM 10:36	
DOCUMENT # P00000041662 1. Corporation Name CLOWN TOWN, INC			
2. Principal Office Address 4913-D SABLE PINE CIR. Suite, Apt. #, etc. D		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State WEST PALM BEACH FLA	
Zip 33417	Country Palm Bch.	4. Date Incorporated or Qualified To Do Business in Florida 4/24/2000	5. FEI Number 65-1003603
		Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			
Name Robyn Frontera			
Street Address (P.O. Box Number is Not Acceptable) 4913-D SABLE PINE CIR			
Suite, Apt. #, Etc. WEST PALM BEACH FL			
City West Palm Beach		State FL	Zip Code 33417
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.			
Signature of Registered Agent 		Date 10/24/01	
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
D	FRONTERA, ROBYN	4913-D SABLE PINE CIR	WEST PALM BEACH, FL 33417
10. I certify that I am an officer or director of 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)(b), 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: 		Date 10/24/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FROM:



Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

My name is Robyn Frontera, the owner of Clown Town, Inc. This is my second year of operation and I was unaware of the necessity to file an Annual Report with your department. I did not receive a notice or a form to file.

I was in the bank and they requested the information to be on file. I immediately called your office and when I explained the situation your employee found that you had the wrong address on your system. They told me to write this letter asking for a waiver of the reinstatement fee, file an application and send the \$150 fee.

Attached to this letter, please find the completed form with the correct address, and the filing fee of \$150.

Thank you for your consideration in this matter.

Sincerely,

Robyn Frontera

10/24/91