


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000055389

1. Corporation Name

JOHN MCCLUTCHY, INC.

Principal Place of Business

Mailing Address

15700 COUNTRY LAKE DR
TAMPA FL 33624

15700 COUNTRY LAKE DR
TAMPA FL 33624



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

15711 Country Lake Dr.

3. New Mailing Office Address, If Applicable

15711 Country Lake Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/08/2000

5. FEI Number

59-3648111

Applied For

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
• P	MCCLUTCHY, JOHN T	15700 COUNTRY LAKE DR 15711	TAMPA FL 33624

900004689989--5

-11/20/01--01080--022

***150.00 ***150.00

BM/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCLUTCHY, JOHN T
15700 COUNTRY LAKE DR
TAMPA FL 33624

Name

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

15711 Country Lake Drive

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

10/24/01

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 REQUIRED

John McClutchy 10/24/01

Date

Daytime Phone #

813-610-6513

CFR2040 (8/01)

JOHN McCLUTCHY, INC. Carpet and Floor Covering Installation
15711 Country Lake Drive * Tampa, FL 33624 * (813) 610-6513 * (813) 961-6513

October 24, 2001

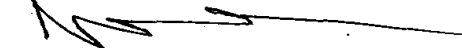
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Annual Report Document # P00000055389
FEI: 59-3648111

Dept of State:

I am submitting the annual report application for reinstatement along with a check for \$150.00 for John McClutchy, Inc. I had not received any prior notification due to an incorrect address. It appears that when the Articles were submitted with the correct address, they were processed using the wrong address, 15700 instead of 15711. I am requesting that you please waive any penalty fees. Thank you.

Sincerely,



John McClutchy
President