


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS


DOCUMENT # P0000086624
 1. Corporation Name
CLAIBORNE INVESTMENT GROUP, INC.

Principal Place of Business Mailing Address
 141 SEA WINDS DRIVE 141 SEA WINDS DRIVE
 SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459

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

FILED
 01 OCT 22 PM 4:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



09/12/01 90035 001 150:00
 4. Date Incorporated or Qualified To Do Business in Florida 09/11/2000
 5. FEI Number 593669082 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)

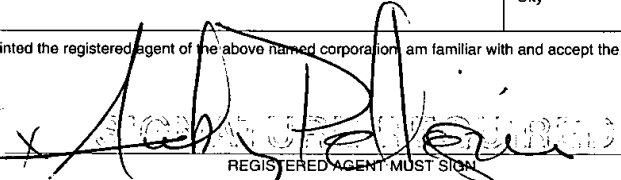
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PELLEGRINI, JAY A SR.	141 SEA WINDS DRIVE	SANTA ROSA BEACH FL 32459
D	PELLEGRINI, ARBY W	141 SEA WINDS DRIVE	SANTA ROSA BEACH FL 32459

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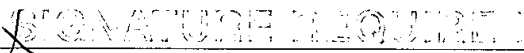
8. Name and Address of Current Registered Agent
 PELLEGRINI, JAY A SR.
 141 SEA WINDS DRIVE
 SANTA ROSA BEACH FL 32459

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
 FL

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  Date 10/15/01
 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)(l), 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 Date Daytime Phone #

CR2E040 (8/01)

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Attachment
#P0000086624



9-7-01

Re: Claiborne Investment Group, Inc.
To: State of Florida

We did not receive at
our 141 Seawind address the
first notice. This notice
was faxed to me from
our Louisiana Office.

Please Waive late
fee and accept \$50.00
Fee per our phone conversation
with your office. Thanks
Jay Pelletier,

