

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUL 23 AM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000090852

1. Corporation Name

CHARLES CLAYTON COMPANIES, INC.
P01000090852

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

615 N. Wymore Road

3. Mailing Office Address

615 N. Wymore Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, Florida

City & State

Winter Park, Florida

Zip
32789-2828

Country
Orange

Zip
32789-2828

Country
Orange

**4. Date Incorporated or Qualified
To Do Business in Florida** 09/14/2001

5. FEI Number
593744090

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
Thomas R. Allen

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

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32801

☐ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date

July 18, 2007

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
P	Charles W. Clayton, Jr.	615 N. Wymore Road	Winter Park, FL 32789
V	Cole W. Clayton	1177 N. Park Avenue	Winter Park, FL 32789
V	Clay W. Clayton	1006 Nottingham Street	Orlando, FL 32803
S	Elizabeth Hope Roll	1194 N. Park Avenue	Winter Park, FL 32789
T	Charles W. Clayton, III	1230 N. Park Avenue	Winter Park, FL 32789

800106584508
07/23/07--01061--008 **1358.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 407-622-0000
7-19-07

REINSTATEMENT