


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

04 MAR -8 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P0100094015</b>					
1. Corporation Name Claying Around, Inc.					
2. Principal Office Address 1716 Cypress Avenue			3. Mailing Office Address 1716 Cypress Avenue		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Belleair, Florida			City & State Belleair, Florida		
Zip 33756	Country USA	Zip 33756	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 9/24/2001	
5. FEI Number 31-1801021				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

09/02/03 90180 014 150.00

<b>7. Name and Address of Current Registered Agent</b>	
Name Susan Holcombe	
Street Address (P.O. Box Number is Not Acceptable) 1716 Cypress Avenue	
Suite, Apt. #, Etc.	
City Belleair	State FL
Zip Code 33756	600030384806 03/12/04--01051--011 **550.00 REINSTATEMENT 03-04

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: Susan Holcombe Date: 2/13/2004

REGISTERED AGENT MUST SIGN

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	Susan Holcombe	1716 Cypress Avenue	Belleair, Florida 33756
S	Cyril Holcombe	1716 Cypress Avenue	Belleair, Florida 33756
V	Holly Wintermeier	653 Wood Street	Dunedin, Florida 34698
T	John Wintermeier	653 Wood Street	Dunedin, Florida 34698

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 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: Susan Holcombe Susan Holcombe Date: 2/13/2004 Daytime Phone #: 727-542-2529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRRE081 (01/04)

CLAYING AROUND, INC.

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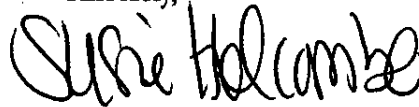
February 26, 2004

Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Mr. Scott:

As stated in our conversation and previous letter, we did not receive any letter last September that denied our company's filing. Please reference our previous letter in regards to the Division of Corporations incorrect address for our company. In February, we spoke with one of your representatives and they informed us that if we mailed in a late fee of \$400.00 plus the \$150.00 for the 2004's incorporation fee that everything would be current for our company. Now, we received this letter stating we owe more money. We appreciate your help in correcting this situation. Please contact us at (727) 542-2529 or (727) 588-2334 if we need to clarify any information.

Sincerely,



Susie Holcombe  
President

1716 CYPRESS AVENUE  
BELLEAIR, FLORIDA 33756