

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT -6 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000120555

**1. Corporation Name**

CLARENDON HOLDINGS INC

**2. Principal Office Address**

9000 Sheridan Street

Suite, Apt. #, etc.

Suite 119

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

**3. Mailing Office Address**

9000 Sheridan Street

Suite, Apt. #, etc.

Suite 119

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/21/2001

**5. FEI Number**

☒

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

Phil Walton

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

9000 Sheridan Street

Suite, Apt. #, Etc.

Suite 119

City

Pembroke Pines

State

FL

Zip Code

33024

**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

9/30/03

**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	Phil Walton	9000 Sheridan Street, #119	Pembroke Pines, FL 33024

**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:**

*[Signature]*

Phil Walton

9/30/03

(954)438-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR125081 (10/02)

21 10/7

CLARENDONHOLDINGS INC.  
9000 SHERIDAN STREET, #119  
PEMBROKE PINES, FL 33024

September 30, 2003

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

To Whom it May Concern:

Please be advised that we did not receive our 2002 and 2003 Annual Report Forms from the Division of Corporations. We are respectfully requesting that you forgo the reinstatement fee of \$600.00 and accept the enclosed check in the amount of \$300.00 to currently reinstate this corporation.

Going forward, our current mailing and principal address is 9000 Sheridan Street, #119, Pembroke Pines, FL 33024.

Thank you for your kind consideration.

Sincerely,

  
Phil Walton, President