


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P02000084122

1. Corporation Name

SECURE CONTINUITY PLANNING, INC.

Principal Place of Business

1790 CAPTIVA DRIVE
OLDSMAR FL 34677

Mailing Address

1790 CAPTIVA DRIVE
OLDSMAR FL 34677

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/2002

5. FEI Number

52-2376436

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CLARKE, RICHRD J	1790 CAPTIVA DRIVE	OLDSMAR FL 34677
D	CLARKE, CLAIRE C	1790 CAPTIVA DRIVE	OLDSMAR FL 34677

900024429879
11/05/03--01013--004 **150.00

8. Name and Address of Current Registered Agent

CLARKE, RICHARD J
1790 CAPTIVA DRIVE
OLDSMAR FL 34677

9. Name and Address of New Registered Agent

Name

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

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/28/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard J. CLARKE Jr.

Date

10/28/03

Daytime Phone #

727

492-1790

CR2ED40 (7/03)

Secure Continuity Planning, Inc.

1790 Captiva Dr.

Olasmar, Fl 34677

727 492-1790

25 October 2003

To Whom It May Concern:

I am writing this letter of explanation to advise you that as a new company I was not aware there was a yearly renewal process, and that I never received any such notice / renewal application. Additionally, "The Notice of Administrative Dissolution or Revocation" is the first correspondence that I have received to date. As per the instructions I received when I called 1 850 245-6059, I am enclosing this letter, as well as my \$150.00 renewal fee.

I would like to thank you in advance for your understanding and consideration regarding this matter.

Sincerely,

Richard J. Clarke Jr.

Claire C Clarke
Claire C. Clarke

Claire C. Clarke