

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 13 AM 10:39

DOCUMENT # P02000086425

1. Corporation Name

Clark Redevelopment Associates, Inc.

1892 Buford Blvd.
305 S. Andrews Ave.

600039125026
07/14/04--01043--014 **750.00

988

5/5/03 91441 033 150.00

2. Principal Office Address

1892 Buford Blvd.

3. Mailing Office Address

305 S. Andrews Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 710

City & State

Tallahassee, FL

City & State

Ft. Lauderdale, FL

Zip

32312

Country

USA

Zip

33301

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 08/09/2002

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

William H. Clark

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

1892 Buford Blvd.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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

William H. Clark

Date 07/07/2004

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	William H. Clark	1892 Buford Blvd.	Tallahassee, FL 32312
S	Casey L. Clark	701 NE 16th Ave., #25	Ft. Lauderdale, FL 33304

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:

William H. Clark

07/07/2004

954-828-1370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)