

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 14 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000 107791

1. Corporation Name

A CLARK DESIGN, INC.

2. Principal Office Address

648 SABAL LAKE DR

Suite, Apt. #, etc.

APT 202

City & State

LONGWOOD, FLORIDA

Zip

32779

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

500024715505
11/14/03--01074--030 **150.00

REINSTATEMENT

14. Date incorporated or Qualified
To Do Business in Florida

5. FEI Number

06-1650574

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

REGINALD CLARK

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

648 SABAL LAKE DR

Suite, Apt. #, Etc.

APT 202

City

LONGWOOD

State

FL

Zip Code

32779

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

Reggie Clark

REGISTERED AGENT MUST SIGN

Date

Nov 5, 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
PSTD	REGINALD CLARK	648 SABAL LAKE DR APT 202	LONGWOOD, FL 32779

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:

Reggie Clark

REGGIE CLARK

Nov 5, 03

407-786-0060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (10/02)

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A CLARK DESIGN, INC.
648 SABOL LAKE DR APT #202
LONGWOOD, FL 32779

November 5, 2003

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

RE: Corporation Reinstatement

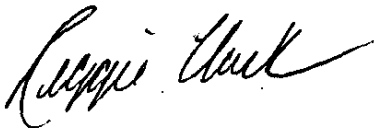
To Whom It May Concern:

It was recently brought to my attention that my company was dissolved due to the fact that I did not file a UBR with the state. When I went online to research this, I learned that my mailing address was incorrect; therefore as a new business owner, I had no idea that I was supposed to file this report.

In light of the above situation, I respectfully request that you accept my payment for reinstatement at this time. In the future I will be sure to file in a timely manner.

Thank you for your help in this matter, if I can be of any further assistance, please feel free to call me at the number listed below.

Sincerely,



Reginald Clark, President

/enclosures