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 # P02000121934

1. Corporation Name

CLOCKMASTERS INC.

Principal Place of Business

Mailing Address

605 SHORECINE DR. NAPLES FL-34119 605 SHORELINE DR. NAPLES FL 34119 FILED

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TALLAHASSEE, FLORIDA

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If above ac	dresses are	incorrect in any way, line thr	ough incorrect in	formation a	ind enter	correction below:	E REGULAR H	17000000000		
If above addresses are incorrect in any way, line through incorrect information and er 2. New Principal Office Address, If Applicable CLOCKHASTER CLOCKHASTER						Applicable				
C L C	Suite, Apt. #, etc. DIOL THE PLAZA				11/01/2002					
Suite, Apt. #	10 C	M70 3RP MZA. ST. SOUTH	Suite, Apt. #,				5. FEI Number	2.5		Applied For
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Zip 3ul	<u> </u>	<u> </u>								
/. Names a	ing Street Ad	dresses of Each Officer and	or Director (Flo	rida nonpro	-					
Title(s) Name of Officers						eet Address of Each		City / State / Zip		
1	2 and/or Directors			3 Officer and/or Director						
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	8. Nam	e and Address of Current	Registered Age	nt		 	9 Name and 4	Address of New Regi	stered Ac	ent
						Name				
· · · · · · · · · · · · · · · · · · ·						JOHN ANDERSON				
SCAPPA, ROBERT A						Street Address (P.O. Box Number is Not Acceptable)				
605 SHORELINE DR.						2650 FOUNTAIN VIEW CIRCLE				
NAPLES FL 34119						Suite, Apt. #, Etc.	0010 1H1	- <u>0,000</u>		
INVECTO I CONTIN						#208				
						City			State	Zip Code
						NAPLE	5			34109

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.

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

CR2E040 (7/03

TURE:

Signature of

Registered Agent

Shella Indosen

Date 3 239 659 110

Date 10- (2-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

REGISTERED AGENT MUST SIGN

ClockMasters

1170 Third Street South, #D104 The Plaza, Naples, Florida, 34102

Tel. 239-659-1118

Fax 239-659-1115

e-mail

clockmasters fl@aol.com

10/14/2003 Ref Document # P02000121934 ClockMasters Inc.

Dear Sir,

In connection with the letter received from yourselves, concerning Notice of Dissolution of above company. The forms that were sent out, earlier this year, were certainly not received by myself. I knew nothing about this until I was handed the notice of dissolution from my partner.

As I am fairly new in this country, & only began this business in November 2002. I was not aware that we had to file a report, so soon after starting up in business. I certainly would have filed a report had I know at the time.

I apologise for any inconvenience caused and would like to ask you to waive this form of Dissolution so that I can continue my business in the proper manner.

I enclose a check for \$150.00 in anticipation

Please refer any further correspondence to myself at the above address.

Thank you for your attention to this matter. John S. Anderson President, ClockMasters Inc.

J.S. Andusen