

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUN -2 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

000130524850
06/02/08--01002--018 **1208.75
CR2E081 (12/07)

DOCUMENT # P03000053440

1. Corporation Name

VG & Clayton Corp.

2. Principal Office Address - No P.O. Box #

251-174th Street

Suite, Apt. #, etc.

1807

City & State

Sunny Isles, FL

Zip

33160

Country

U.S.A.

3. Mailing Office Address

251-174th Street

Suite, Apt. #, etc.

1807

City & State

Sunny Isles, FL

Zip

33160

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/03

5. FEI Number

571209083

☒ 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

Geoffrey Every-Clayton

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

251-174th Street

Suite, Apt. #, Etc.

1807

City

Sunny Isles

State

FL

Zip Code

33160

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Geoffrey Every-Clayton
REGISTERED AGENT MUST SIGN

Date

05/27/08

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	Geoffrey Every-Clayton	251-174 th Street #1807	Sunny Isles FL 33160
V	Vanessa C. Every-Clayton	251-174 th Street #1807	Sunny Isles FL 33160

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 contained in Chapter 119, 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:

Geoffrey Every-Clayton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/27/08

Date

Daytime Phone #