

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 10 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000152973		
1. Entity Name CLAP CLAP BABY, INC.		

Principal Place of Business 4428 STONEFIELD DR. ORLANDO, FL 32826	Mailing Address 4428 STONEFIELD DR. ORLANDO, FL 32826
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2. Principal Place of Business <u>Same as Above</u>	3. Mailing Address <u>Same as above</u>
- Suite, Apt. #, etc.	- Suite, Apt. #, etc.

City & State	City & State
Zip	Country



10062005 REIN-P CR2E098 (6/04)

4. FEI Number 83-0421158	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TINGLES, MARJORIE G 2811 MAC MURRAY DRIVE ORLANDO, FL 32826	7. Name and Address of New Registered Agent Name <u>NONE</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>Marjorie G Tingle</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>10/6/05</u> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TINGLES, MARJORIE G 2811 MAC MYRRAY DR ORLANDO, FL 32826 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 609060460356 10/10/05--01081--014 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TINGLES, HORACE G 2811 MAC MURRAY DR ORLANDO, FL 32826 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Marjorie G Tingle</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>10/6/05</u> Daytime Phone # <u>(407) 277-8825</u>

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10/6/3

To Divisions of Corporations, 10/6/05

My name is Marjorie Tingle and
I am the president of "Clap Clap Baby Inc".
My document # is P03000152923

I received a card in the mail stating
that my entity has been closed because
I did not ~~receive~~ complete the annual
report.

I moved last year (6/04) to
"4428 Stonefield Drive, Del, FL, 32826"

I never received the form ^(annual report) to complete
Please check your data system to make sure that
the 4428 Stonefield Drive, is my mailing
address and business address.

I checked your data system and found out that
there are both addresses listed on your website
when there needs to be just one address

I contacted (850) 245-6059 (re: statement dept)
and spoke with Raketta who informed me
to send in a payment of \$150.00 to ~~you~~ the
corporation in order for form to be processed
correctly with a letter. Sincerely Marjorie Tingle