

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P04-00000 1451*

1. Corporation Name

Jess Clarke & Sons, Inc.

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

5808 42nd ST. E.

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34203

Country

US

3. Mailing Office Address

5808 42nd ST. E.

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34203

Country

US

7. Name and Address of Current Registered Agent

Name

Jess F. Clarke, III

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

429 Mira Bay Blvd.

Suite, Apt. #, Etc.

City

Apollo Beach

State

FL

Zip Code

33572

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

Jess F. Clarke, III

REGISTERED AGENT MUST SIGN

Date

12/17/09

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/D	Jess F. Clarke	5808 42nd ST. E	Bradenton, FL 34203
V/T/S/D	Jess F. Clarke, III	429 Mira Bay Blvd.	Apollo Beach, FL 33572

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify 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:

Jess F. Clarke, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/17/09

Daytime Phone #

FILED

10 JAN -7 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200165131272
01/07/10--01037--008 **908.75

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/2003

5. FEI Number
20-0578335

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.