

# 2006 FOR PROFIT-CORPORATION REINSTATEMENT

DOCUMENT # P04000047757

1. Entity Name  
C. A. CLAY HOME IMPROVEMENTS INC.



FILED

06 FEB -1 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 05-06  
01082008 REIN-P CR2E098 (11/05)

Principal Place of Business  
~~1333 KINGSTON STREET~~  
~~ORLANDO, FL 32807~~  
43 S. OBSERVATORY DR.  
Orlando, Fla 32835

Mailing Address  
~~1333 KINGSTON STREET~~  
~~ORLANDO, FL 32807~~  
43 S. OBSERVATORY DR.  
Orlando, Fla 32835

2. Principal Place of Business  
43 S. OBSERVATORY DR.  
Suite, Apt. #, etc.

3. Mailing Address  
43 S. OBSERVATORY DR.  
Suite, Apt. #, etc.

City & State  
Orlando, Fla.

City & State  
Orlando Fla

Zip  
32835

Country  
ORANGE

Zip  
32835

Country  
ORANGE

4. FEI Number  
80-1094159

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CLAY, CHARLES  
1433 KINGSTON STREET  
ORLANDO, FL 32807

7. Name and Address of New Registered Agent  
Name  
Charles A. Clay  
Street Address (P.O. Box Number is Not Acceptable)  
43 S OBSERVATORY DR  
City  
Orlando FL Zip Code  
32835

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 Charles A. Clay (President) Charles A. Clay 1-29-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CLAY, CHARLES	
STREET ADDRESS	1433 KINGSTON STREET	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	V	<input type="checkbox"/> Delete
NAME	CLAY, ROBERT	
STREET ADDRESS	1433 KINGSTON STREET	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAY, Charles	
STREET ADDRESS	43 S. OBSERVATORY DR.	
CITY-ST-ZIP	Orlando, Fla 32835	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAY, Robert	
STREET ADDRESS	43 S. OBSERVATORY DR.	
CITY-ST-ZIP	Orlando Fla 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Charles A. Clay - Charles A. Clay 1-29-06 321-230-1214  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #