

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 FEB 26 AM 9:07

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000134494**

1. Corporation Name

KILNS N CLAY, INC.

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

2033 Pine Ridge Rd #5

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Spring

Zip

34109

Country

COLIEN

Zip

/

Country

/

REINSTATEMENT
300144516129
02/26/09--01029--017 **\$600.00

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida

9-27-2004

5. FEI Number

20-1728794

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

ALICE A. WAGGONER

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

2033 PINE RIDGE Rd #5

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34109

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

Alice A. Waggoner

REGISTERED AGENT MUST SIGN

Date

2/18/09

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	ALICE A. WAGGONER	2033 PINE RIDGE ROAD #5	NAPLES, FL 34109

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:

Alice A. Waggoner

Alice A. Waggoner

Date

2/18/09

Daytime Phone #

239/404-1804