## 2006 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # POSUUUU06609 DEZ CLARK INC  Principal Place of Business 510 WEST 2ND STREET STAND STREET SUMMARY # enc.  Summary	_	.000 1	REINSTA	ATEMENT		•			FILE	= n	
LAKELAND, FL 33805 US	1. Entity Name						2006 OCT 17 AM 10: 52				
Suite. Apt. 4. etc.    City & State   Country   Zip   Country   S. Certificate of Status Desire   Res Applicable   Res Application   Respective   Re	510 WEST 21	ND STREET		510 WEST 2ND STREET							
Cay & State  City & State  Cit	2. Principal P	lace of Busin	ness	3. Mailing Address	3. Mailing Address						
St. Paper   St.	Suite, Apt. #, etc.						10132006	REIN-P	CR2E098	(11/05)	
S. Name and Address of Current Registered Agent   Fee Required	City & State	e		City & State			4. FEI Numb	er			·
Name    Street Address (P.O. Box Number is Not Acceptable)	Zip Country			Zip			5. Certificate of Status Desired Fee Requ				
Street Address (P.O. Box Number is Not Acceptable)  Cay FL Zip Code  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Siet of Flonds. I am familiar with, and accept the originators of registered agent, or both, in the Siet of Flonds. I am familiar with, and accept the originators of registered agent, or both, in the Siet of Flonds. I am familiar with, and accept the originators of registered agent, or both, in the Siet of Flonds. I am familiar with, and accept the originators of registered agent, or both, in the Siet of Flonds. I am familiar with, and accept the originators of registered agent, or both, in the Siet of Flonds. I am familiar with, and accept the originators of registered agent, or both, in the Siet of Flonds. I am familiar with, and accept the originators of registered agent, or both, in the Siet of Flonds. I am familiar with, and accept the originators of registered agent, or both, in the Siet of Flonds. I am familiar with, and accept the originators of registered agent, or both, in the Siet of Flonds. I am familiar with, and accept the originators of registered agent, or both, in the Siet of Flonds. I am familiar with, and accept the originators of registered agent, or both, in the Siet of Flonds. I am familiar with, and accept the originators of registered agent, or both, in the Siet of Flonds. I am familiar with, and accept the originators of registered agent, or both, in the Siet of Flonds. I am familiar with, and accept the originators of registered agent, or both, in the Siet of Flonds. I am familiar with, and accept the flonds.  In accordance with s. 607,193(2)(b), F.S., the corporation of interest or registered agent, or both, in the Siet of Flonds. I am familiar with, and accept the flonds. I am familiar with accept the flonds. I am familiar with, and acce		6. Name	and Address of Current	Registered Agent		Name	7. Name and	Address of New F	Registered Age	ent	
The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Poolsa. I am tamiliar with, and accept the obligations of registered agent.  ICNATURE  Signoure, spect or orinted have a required agent and title it applicable.  (NOTE Registered Agent speakers agent, or both, in the State of Poolsa. I am tamiliar with, and accept the obligations of registered agent.  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  RE  CLARK, DESMOND  CLARK, DESMOND  CLARK, DESMOND  IN ST. 2-10  CLARK, DESMOND  IN ST. 2-10  Details  IN	06 LAKE	HARRIS (	DRIVE				P.O. Box Numb	er is Not Acceptabl	e)		
IGNATURE    Signification of registered agent and tide   application   (NOTE Registered Agent signature required when resonating)   DATE						City			FL	Zip Code	е
FILE NOWIII FEE IS \$150.00  After January 1, 2007, Fee will be \$300.00  D. OFFICERS AND DIRECTORS  II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 I  THE PLANKES TO WEST ZND STREET UT: SI-ZIP  LAKE LAND, FL 33805  THE I ADDRESS  TITLE  LAKE LAND, FL 33805  THE I ADDRESS  CITY-SI-ZIP  THE  MAKE  SIREST ADDRESS  CITY-SI-ZIP  THE  NAME SIREST ADDRESS  CITY-SI-ZIP  THE  Change Addition  Addition  THE Change ADDRESS  CITY-SI-ZIP  THE CHANGE ADDRESS	the obligati	ions of regist	ered agent.		s register	ed office or registe	red agent, or bo	oth, in the State of Fl		iliar with,	and accept
COFFICERS AND DIRECTORS  D. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ME CLARK, DESMOND  ME CLARK, DESMOND  ME STOWEST 2ND STREET  CLARK DESMOND  ME STREET ADDRESS  10/17/0601041011 **150, 00  ME STREET ADDRESS  CITY-S1-ZIP  LAKELAND, FL 33805  CITY-S1-ZIP  LAKELAND, FL 33805  CITY-S1-ZIP  Delete  ITILE  MAKE  M		Signature, typed	or printed name of registered agent	and title if applicable (NOT	ΓE: Register	red Agent signature requi	red when reinstating	) 	DATE		
THE CLARK, DESMOND STREET LAKELAND, FL 33805  THE STATE ADDRESS TO STREET LAKELAND, FL 33805  THE MAKE ADDRESS TY-ST-ZIP  THE ADDR				00							
MEE ADDRESS 10 WEST 2ND STREET STREET ADDRESS 10 / 17 / 105 - 01041 - 011  **150 .00  THE MAKE MEE ADDRESS THEEL A	-		OFFICERS AND							_	
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ILE  MME  REET ADDRESS  ITY-ST-ZIP  INCLE  MARE  STREET ADDRESS  ITY-ST-ZIP  Delete  ITILE  NAME  STREET ADDRESS  OTY-ST-ZIP  Change  Addition  Addition  NAME  STREET ADDRESS  OTY-ST-ZIP  NAME  STREET ADDRESS  OTY-ST-ZIP  NAME  STREET ADDRESS  OTY-ST-ZIP  2. I hereby certify that the information supplied with this filling 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 sign apure shalf 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 ampounded to exploit this report as required by shapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed for on an attachment with an address with all other like empowered.	ile Ame Reet adoress			☐ Delete	TITL NAM STRI	E AE EET ADDRESS				] Change	Addition
NAME REET ADDRESS TY-ST-ZIP  2. I hereby certify that the information supplied with this filing does not qualify for the exemptions pontained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accupite and that my signature shalf 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 ampoured to expect use this report as equired 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.	ime Reet address			☐ Delete	NA& STR	ME EET ADDRESS				] Change	Addition
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