

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 DEC -4 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000104324

1. Corporation Name

Clearbrook Corp.

2. Principal Office Address

289 NW 68th Avenue

Suite, Apt. #, etc.

City & State

Ocala

Zip

FL

Country

USA

3. Mailing Office Address

289 NW 68th Avenue

Suite, Apt. #, etc.

City & State

Ocala

Zip

34482

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida 2005**

5. FEI Number

20-3209640

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

~~Corporation Service Company~~

GARY DUNN

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

~~1201 N.W. Street~~

289 N.W. 68th AVE.

Suite, Apt. #, Etc.

OCALA, FL 34482

City

~~Tallahassee~~

State

FL

Zip Code

~~32301~~

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/30/06

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
PRES	Gary Dunn	289 NW 68th Avenue	Ocala, FL 34482
VP	Gary Dunn	289 NW 68th Avenue	Ocala, FL 34482
SEC	Gary Dunn	289 NW 68th Avenue	Ocala, FL 34482

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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 under section 119.07(3)(i), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/06

352-861-8900

Daytime Phone #

CR2E081 (01/04)