

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT -8 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (10/08)

DOCUMENT # PO600036132

1. Corporation Name

CLARK CASWELL, INC.
155 North Range Road
Cocoa, FL 32926

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

155 North Range Road
Suite, Apt. #, etc.

3. Mailing Office Address

2402 Granger Road
Suite, Apt. #, etc.

City & State

Cocoa FL

City & State

Cocoa, FL

Zip

32926

Country

USA

Zip

32926

Country

USA

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

03/13/2000

5. FEI Number

264473764

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.

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10/08/08--01037--002 **150.00

7. Name and Address of Current Registered Agent

Name Caswell, Clark

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

2402 Granger Road

Suite, Apt. #, Etc.

City Cocoa

State

FL

Zip Code

32926

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

Clark Caswell

Date 10/05/2008

REGISTERED AGENT MUST SIGN

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	Clark Caswell	2402 Granger Rd	Cocoa FL 32926
VP	Tanya Caswell	2402 Granger Rd	Cocoa FL 32926
D	Clark Caswell	same as above	
D	Tanya Caswell	same as above	
S	Clark Caswell	same as above	
T	Tanya Caswell	same as above	

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:

Tanya Caswell Tanya Caswell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/05/2008 321-726-1145

Daytime Phone #

10/9aw