PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 18 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P27517**

1. Corporation Name

DANT CLAYTON CORPORATION

Principal Place of Business	Mailing Address
1500 BERNHEIM LANE P.O. BOX 740008 LOUISVILLE KY 40201-7408	1500 BERNHEIM LANE P.O. BOX 740008 LOUISVILLE KY 40201-7408

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 12/29/1989 **SP**

5. FEI Number: 61-0947342 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MERRICK, BRUCE C.	~~13018 SURREY ROAD~~ 5803 Glen Park Road	~~GOSHEN KY~~ Louisville, KY 40222
V	WOLCZYK, JR ALOYSIUS F.	4526 DANNYWOOD RD	LOUISVILLE KY 40220
S	GUTTKNECHT, SANDRA	1465 HWY 64 NE	RAMSEY IN
T	MERRICK, BRUCE C	~~13018 SURREY RD~~ 5803 Glen Park Road	~~GOSHEN KY~~ Louisville,KY 40222
D	MERRICK, KENNETH L	NEWMARKET DR.	LOUISVILLE KY
			500003018835--0 -10/19/99--01081--022 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~HUTTON, TATE G., JR.~~ ~~472 W. PALM VALLEY RD.~~ ~~OVIEDO FL 32765~~	Name: C T Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 S Pine Island Road Suite, Apt. #, Etc.: City: Plantation State: FL Zip Code: 33324

CR2E040 (8/99)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Susan J. Metzo Date: October 15, 1999
REGISTERED AGENT MUST SIGN
Susan J. Metzo
Assistant Secretary

11. 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: A.F. Wolczyk, JR. V.P. 10/12/99 502-634-3626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003606 AP