

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 13 PM 12:25

DOCUMENT # P27517

1. Corporation Name

DANT CLAYTON CORPORATION

Principal Place of Business

1500 BERNHEIM LANE
P.O. BOX 740008
LOUISVILLE KY 40201-7408

Mailing Address

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.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1989

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
PT	MERRICK, BRUCE C	5803 GLEN PARK ROAD	LOUISVILLE KY 40222
V	WOLCZYK, JR ALOYSIUS F. Tate Hutton	4520 DANNYWOOD RD 5100 Underhill Ct	LOUISVILLE KY 40220 40207
S	GUTTKNECHT, SANDRA	1465 HWY 64 NE	RAMSEY IN
D	MERRICK, KENNETH L	NEWMARKET DR.	LOUISVILLE KY

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Steven J. Metzger
Assistant Secretary

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date November 5, 2001

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:

SIGNATURE REQUIRED
William Kurt Dobson
CFO - Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/31/01

Daytime Phone # 615/634-3626

CR2E040 (8/01)