PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION » FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

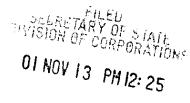
DOCL	JMENT	#
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1. Corporation Name

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							
		incorrect in any way, line thre				correction below.	ocinis	TATEMEN	F 0\ _
			ng Office Address, If Applicable			4. Date incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc. Suite, Apt		Suite, Apt. #,	#, etc			5. FEI Number Applied For			
City & State City		City & State	ity & State		61-0947342 Applicable				
Zip Country Zip		Zip	Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprofit	corpora	tions must list at lea	st 3 directo(s)	00004703	7396
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director				-12/04/0101033017 4 ****750°00°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°		
PT	MERRICK	, BRUCE C	5803 GLEN PARK ROAI		K ROAD	LOUISVILLE KY 40222			
٧	WOLCZY	(, JR ALOYSIUS F. Tate	Hutton 4528 DANNYWOOD AD 5100			od rd 5100 (Inderhill (t.	LOUISVILLE KY 40220 4020	o 1
\$	GUTTKNECHT, SANDRA			1465 HWY 64 NE				ramsey in	
D	MERRICK, KENNETH L		NEWMARKET DR.				LOUISVILLE KY		
!								JA 16/2	6
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
CT CORPORATION SYSTEM				Name					
1200 S. PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324				Suite, Apt. #, Etc.					
					,	City 18 44 C 7 -		State FL	Zip Code
10. I, being	appointed th	e registered agent of the abo	ve named corpo	ration, am fai	miliar wi		Astzo of Section Section	on 607.0505, F.S.	
Signature of Registered Agent Date November 5, 2001 HEGISTERED AGENT MUST SIGN								5, 2001	
this rein	statement ap	plication, the reason for disso	lution has been	eliminated, th	е согро	rate name satisfies t	he requirements of	oter 607 or 617, F.S. I further of of section 607.0401 or 617.04 or section 119.07(3)(i), F.S. Ti	01, F.S., that all fees

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.