

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 APR -8 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **993000050243**

1. Corporation Name **George Clapp Inc.**

*W98-2796*

Principal Place of Business Mailing Address

**155 21st Ave Vero Beach  
Florida 32962**

**REINSTATEMENT** *9498*

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		June 18, 1993	
City & State		City & State		5. FEI Number	
Zip		Zip		650917313	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P.	Ron Rose	155 21st Ave Vero Beach Fl. 32962	Vero Beach Fl 32962
VP	George Clapp	5625 Emerson Ave	Ft Pierce Fl 34951
			500002485305---0 -04/10/98--01093--018 ***1358.75 ***1358.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
George Clapp 5625 Emerson Ave Ft Pierce Fl 34951		Name Ron Rose	
		Street Address (P.O. Box Number is Not Acceptable) 155 21st Ave	
		Suite, Apt. #, Etc.	
		City Vero Beach Fl	
		State FL	
		Zip Code 32962	

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 *Ron Rose* REGISTERED AGENT MUST SIGN Date *1-30-98*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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: *Ron Rose* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *1-30-98* Daytime Phone # *15614895695*

CR2E94C (12/96)