

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 # **P93000050243**  
1. Corporation Name **George Clapp Inc.**

*W98-2796*

Principal Place of Business  
**155 21st Ave Vero Beach  
Florida 32962**

**REINSTATEMENT** *94-98*

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 <b>June 18, 1993</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>650917313</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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	Ft Pierce FL 34951
			<b>500002485385--0</b>
			<b>-04/10/98--01093--018</b>
			<b>***1358.75 ***1358.75</b>

*[Handwritten signature]*

8. Name and Address of Current Registered Agent <b>George Clapp 5625 Emerson Ave Ft Pierce FL 34951</b>		9. Name and Address of New Registered Agent Name <b>Ron Rose</b> Street Address (P.O. Box Number is Not Acceptable) <b>155 21st Ave</b> Suite, Apt. #, Etc. City <b>Vero Beach FL</b> State <b>FL</b> Zip Code <b>32962</b>	
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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** Date **1-30-98**  
REGISTERED AGENT MUST SIGN

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

CR2E040 (12/96)