

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # **02 WBL**
19300005551

1. Corporation Name

THE CLOCKWORKS, INC.

2. Principal Office Address

13499 U.S. 41 S.E.

Suite, Apt. #, etc.

Bell Towers Suite #235

City & State

Fort Myers, Florida

Zip

33907-3891

Country

U.S.

3. Mailing Office Address

13499 U.S. 41 S.E.

Suite, Apt. #, etc.

Bell Towers Suite #235

City & State

Fort Myers, Florida

Zip

33907-3891

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/93

5. FEI Number

65-0434971

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jan Zuidema

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

5611 Brandy Circle S.W.

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33919

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date 12-13-02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Zuidema, Jan	5611 Brandy Circle, S.W	Fort Myers, FL 33919

10. 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 in making 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. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-13-02 239-433-4509

THE CLOCKWORKS, INC.
13499 U.S. 41 S.E.
BELLE TOWERS SUITE #235
FORT MYERS, FLORIDA 33907-3891
(239) 433-4509

December 13, 2002

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Waiver of Reinstatement Penalty
The Clockworks, Inc.

Enclosed please find the application for reinstatement of the corporation known as THE CLOCKWORKS, INC., as well as the Uniform Business Report for 2002.

As we did not receive our Annual Report, and were unaware it had not been completed and remained unpaid, we are requesting that you waive the penalty to reinstate the corporation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jan Zuidema', written over a horizontal line.

Jan Zuidema
President
The Clockworks, Inc.