

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

[Handwritten signature]

96 SEP 27 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000061158**

1. Corporation Name

TWO CLOWNS, INC.

1996

ANNUAL REPORT

Principal Place of Business

Mailing Address

319 BEACH RD.
SARASOTA FL 34242
US

319 BEACH RD.
SARASOTA FL 34242
US



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

5750 CARRIAGE DR
Suite, Apt. #, etc.
SARASOTA FL
City & State
34243 **USA**
Zip Country

5750 CARRIAGE DR
Suite, Apt. #, etc.
SARASOTA, FL
City & State
34243 **USA**
Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/1993

5. FEI Number

65-0437052

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	KLINSKY, PHIL	319 BEACH ROAD 5750 CARRIAGE DR	SARASOTA FL 34243
D	GRAD, GLADYS	319 BEACH ROAD 5750 CARRIAGE	SARASOTA FL 34243

500001975015--2
-10/15/96--01193--020
*******225.00 *****225.00**

A. Alame
9-27-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRAD, GLADYS
319 BEACH RD.
SARASOTA FL 34242

Name

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

Suite, Apt. #, Etc.

City

5750 CARRIAGE DR
SARASOTA

State
FL

Zip

34243

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

Gladys Grad

REGISTERED AGENT MUST SIGN

Date

9/23/96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gladys Grad

9/23/96 (941) 484848

Date

Daytime Phone #

CR2E040 (7/96)