

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 12 AM 9:28

DOCUMENT # P94000060938

1. Corporation Name

CLEGG AND SON, INC.

Principal Place of Business

6127 CYRIL AVENUE  
ORLANDO FL 32809

Mailing Address

6127 CYRIL AVENUE  
ORLANDO FL 32809

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/18/1994

5. FEI Number

59-3264228

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	CLEGG, DENNIS L	6127 CYRIL AVENUE	ORLANDO FL 32809

8. Name and Address of Current Registered Agent

GOOGINS, DANIEL J  
2501 S. BUMBY AVENUE  
ORLANDO FL 32806

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Dennis L Clegg*

Date

REGISTERED AGENT MUST SIGN

11. 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:

*Dennis L Clegg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/01  
Date

407-859-8571  
Daytime Phone #

CR2E040 (8/01)

# CLEGG & SON, INC.



**Custom Set Builder**

**6127 Cyril Ave.  
Orlando, Florida 32809  
(407) 859-8571**

October 11, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am the new Office Administrative Assistant for Clegg & Son, Inc. I just received the enclosed forms to be signed and returned to you. I did not receive the first mailing or any other mailings until now. Please accept the enclosed payment of \$150.00 plus \$8.75 for a Certificate of Status for the renewal and please waive the penalties. This will not happen in the future, as I am now taking care of all correspondence.

Thank you for your help and consideration of this matter.

Sincerely,

A handwritten signature in cursive script that reads "Kelly M. Thomas".

Kelly M. Thomas  
Administrative Assistant