

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -8 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000087958**

1. Corporation Name

THE CLAN WILLIAM COMPANY, INC.

2. Principal Office Address

7840 NW 28th St.

Suite, Apt. #, etc.

3. Mailing Office Address

7840 NW 28th St.

Suite, Apt. #, etc.

City & State

MARGATE, FLA.

City & State

MARGATE, FLA.

Zip

33063

Country

U.S.A.

Zip

33063

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/94

5. FEI Number

65-0537565

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

WILLIAM TUNNEY

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

7840 NW 28th St

Suite, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33063

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

APRIL 1, 2003

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
PRES	WILLIAM TUNNEY	7840 NW 28th St	MARGATE, FL. 33063
V.PRES	KATHLEEN TUNNEY	7840 NW 28th St	MARGATE, FL. 33063
DIR.	JOHN NORRUP	1818 NE. 48th Ct.	POMEROY, FL 33064

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM TUNNEY

APRIL 1 2003 (954) 755-2880

Date

Daytime Phone #

g/4/8

CR2E081 (10/02)

APRIL, 1, 2003

TO: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: The CLAW William Company INC.
7840 NW 28TH St.
MARGATE, FLA. 33063


RE: RE-INSTATEMENT OF CORPORATION.

TO WHOM IT MAY CONCERN:

MY CORPORATION WAS DISSOLVED WITHOUT MY KNOWLEDGE DUE TO THE FACT THAT YOUR DEPARTMENT NEVER SENT MY RENEWAL FORM EVEN THOUGH I HAD SENT THEM MY NEW ADDRESS ON THE LAST FORM THAT I SENT BACK TO THEM.

ENCLOSED IS A CHECK FOR \$300 AS REQUIRED TO RE-INSTATE MY CORPORATION AND YOUR RE-INSTATEMENT FORM. PLEASE SEND ME NOTIFICATION THAT MY CORPORATION IS ONCE AGAIN CURRENT, AS I NEED TO FURNISH THIS DOCUMENT TO MY SUPPLIERS.

Thank you


WILLIAM TUNNEY - PRESIDENT
THE CLAW WILLIAM COMPANY, INC.