


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000029092			
1. Corporation Name Clancy Company, Inc.			
2. Principal Office Address 285 Hwy. 98 E. Suite, Apt. #, etc. Suite A City & State Destin, FL Zip 32578 Country USA		3. Mailing Office Address 285 Hwy. 98 E. Suite, Apt. #, etc. Suite A City & State Destin, FL Zip 32578 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 4/03/1996		5. FEI Number 59-3377102	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent Name John Dowd Jr. Street Address (P.O. Box Number is Not Acceptable) 285 Hwy. 98 E. Suite, Apt. #, Etc. Suite A City Destin State FL Zip Code 32541			
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 John Dowd Jr. Date 5-24-04 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
P	Lauran Clancy	3522 N.E. 174th St. #308	Miami, FL 33160
VP	Sean Clancy	5 Sherwood Rd.	Ft. Walton Bch, FL 32547
T	Cyril J. Clancy	209 Hawthorne Circle	Ft. Walton Bch, FL 32548
S	Mary E. Clancy	209 Hawthorne Circle	Ft. Walton Bch, FL 32548
00051** 900--22010--50/12/10 6129055400006		900045506219 01/22/05--01022--005 ***450.00	
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: Sean Clancy SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-04-05 Daytime Phone # 850-301-4009	

CR2E081 (10/02)