

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION FOR



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

DOCUMENT # **P96000060926**

1. Corporation Name  
**L.T. MCCLURE, INC.**

**FILED**  
 01 OCT 18 AM 10: 20  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**4013-B BROADWAY WEST PALM BEACH FL 33407 US**  
**P.O. BOX 32372 PALM BEACH GARDENS FL 33420-2372**



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/22/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0686945	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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	4 City / State / Zip
PVST	HARWELL, CLINTON D	403 VISION COURT	PALM BEACH GARDENS FL 33418

900004659249--0  
 -10/30/01--01055--006  
 \*\*\*\*150.00 \*\*\*\*150.00

**78**

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

HARWELL, CLINTON D 403 VISION COURT PALM BEACH GARDENS FL 33418	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>
		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 **SIGNATURE REQUIRED** 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)(l), 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: *Clinton D. Harwell* **SIGNATURE REQUIRED** 10/15/01 (561)691-1659  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)

10/15/01

To whom it may concern,

My name is Clinton Harwell.

I sent papers to change the corporation information in June of last year.

His name is Roger Finn ph # 586-4975 (561)

I never received any information in the mail or the phone call the lady from your office mentioned that is made.

Enclosed is the \$150.<sup>00</sup> Any further questions cel # (954) 553-1495.

Thanks,

Clinton Harwell