

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

JUN 17 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Mary Clare, Inc.

P96000087457

Principal Place of Business

Mailing Address

1860 Old Hwy 98
Destin, FL 32541

Same

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

REINSTATEMENT

97-99

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3438363

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	Wilson, William N.	1860 Old Hwy 98	Destin, FL 32541
			600002914966--7
			-06/24/99--01101--016
			***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Grimsley, James W.
25 Walter Martin Rd. NE
Ft. Walton Bch, FL 32548

9. Name and Address of New Registered Agent

Name: William Norville Wilson II
Street Address (P.O. Box Number is Not Acceptable):
1860 Old Hwy 98
Suite, Apt. #, Etc.:
City: Destin
State: FL
Zip Code: 32541

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

William N. Wilson

REGISTERED AGENT MUST SIGN

Date 6/15/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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:

William N. Wilson William Norville Wilson

6/15/99 (850) 654-5501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E031 (12/98)