

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 22 PM 1: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA6000098280**

1. Corporation Name
Clare & Tom, Inc.

2. Principal Office Address
401 East Osceola Street

Suite, Apt. #, etc.

City & State
Stuart, Florida

Zip
34994

Country
USA

3. Mailing Office Address
same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-05

4. Date Incorporated or Qualified
To Do Business in Florida **12/02/1996**

5. FEI Number
65-0734483

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
Howard E. Googe, Jr., Esq.

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

Suite, Apt. #, Etc.
102

City
Stuart

State
FL

Zip Code
34994

500049736865

04/04/05--01003--018 **1500.00

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

Howard E. Googe, Jr.
REGISTERED AGENT MUST SIGN

Date **March 17, 2005**

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
D	Thomas F. Foselli, Jr.	896 W. Woodcreek Drive	Palm City, FL 34990
D	Clare A. Foselli	896 W. Woodcreek Drive	Palm City, FL 34990

3/25

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: *Thomas F. Foselli, Jr.* Thomas F. Foselli, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/05

Date

772-287-2020

Daytime Phone #

CR2E081 (01/05)