

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
**01/02**  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JUL -5 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDADOCUMENT # **P97000026480**

1. Corporation Name

**CLARK LAW OFFICE, P.A.**

Principal Place of Business

Mailing Address

1100 5TH AVE., S. STE. 201  
NAPLES FL 341021100 5TH AVE., S. STE. 201  
NAPLES FL 34102

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

03/25/1997

5. FEI Number

59-3451747

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status171 COMMERCIAL BLVD  
Suite, Apt. #, etc. **SUITE # 24**171 COMMERCIAL BLVD  
Suite, Apt. #, etc. **SUITE # 24**City & State **NAPLES, FL**City & State **NAPLES, FL**Zip **34104** Country **USA**Zip **34104** Country **USA**

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
<b>PRESIDENT</b>	<b>CLARK, ALFRED W JR.</b>	<b>1100 5TH AVE., S. STE. 201 171 COMMERCIAL BLVD #24</b>	<b>NAPLES FL 34102 34104</b>

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\*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLARK, ALFRED W JR.  
1100 5TH AVE., S. STE. 201  
NAPLES FL 34102Name **ALFRED W. Clark, Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
**171 COMMERCIAL BLVD**  
Suite, Apt. #, Etc. **SUITE # 24**  
City **NAPLES** State **FL** Zip Code **34104**

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

REGISTERED AGENT MUST SIGN

Date

7/1/02

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/02

Date

Daytime Phone #

239-262-8063

**MICHELLE BILLIE, C.P.A., P.A.**

**CERTIFIED PUBLIC ACCOUNTANT**

4231 5th Avenue SW  
Naples, Florida 34119

**Phone:** (941) 352-3119  
**Fax:** (941) 352-6781  
**Mobile:** (941) 641-6794

July 1, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314


RE: Corporate Reinstatement for Document # P97000026480

Dear Sir/Madam:

My client, Clark Law Office, P.A., is requesting reinstatement of corporate status with the State of Florida. No Uniform Business Report was received for 2001 or 2002, and consequently was not filed since 2000. Therefore, we respectfully request abatement of late filing fees and are submitting the \$300 reinstatement fee along with the Application for Reinstatement.

Please call me at (239) 352-3119 if you need further information. Thank you for your attention and consideration.

Sincerely,



Michelle Billie, CPA