

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN 5 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97 00002 6480

1. Corporation Name

Clark Law Office, P.A.

2. Principal Office Address

2340 Stanford Court

Suite, Apt. #, etc.

#402

City & State

Naples, FL

Zip

34112

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 1997

5. EEL Number

59-3451747

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

Alfred W. Clark, Jr.

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

2340 Stanford Court

Suite, Apt. #, Etc.

#402

City

Naples

State

FL

Zip Code

34112

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

Date 5/30/06

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
Pres	Alfred W. Clark, Jr.	3033 Driftwood Way # 3405	Naples, FL 34112

000076397680

06/20/06--01064--015 **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 contained in Chapter 119, 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:

Alfred W. Clark, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLC

Date

5/30/06

239-262-8063

Daytime Phone #



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Clark Law Office, P.A.

Attorneys at Law

2340 Stanford Court

Naples, Florida 34112

239.262.8063 Fax: 239.434.7615

May 30, 2006

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To: Secretary of State,

As you have probably realized my business is a law practice. Recently, an insurance company holding settlement funds for our client has notified us that my corporation is inactive. My practice has resided in at least three different addresses in the past three years. I have not received ²⁰⁰⁴ annual information to keep my corporation current. None of the corporate information, except for the addresses have changed, of which correct address information is updated in the corporate paperwork enclosed. I have, also enclosed past year's annual corporate fees to bring the corporation current.

I would like to resolve this matter without further delay and appreciate you prompt attention. Should you need further information please contact me from the above listed number.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Alfred W. Clark, Jr.'.

Alfred W. Clark, Jr.