

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 19 PH 7:11

DOCUMENT # **P97000036238**

1. Corporation Name
FOUR C'S, INC.

Principal Place of Business

THE VILLAGE EATERY
 922 BICHARA BLVD
 LADY LAKES FL 32159
 US

Mailing Address

DAVID CLARY
 7688 CR 109D
 LADY LAKES FL 32159
 US

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



REINSTATEMENT 01

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/23/1997

5. FEI Number

59-3444199

Applied For

Not Applicable

6. 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	4 City / State / Zip
P	CLARY, DAVID P	7688 CR 109 D	LADY LAKES FL 32159
D	CLARY, MICHAEL T	9608 175TH STREET, COURT E	PUYALLOP WA 98373
D	CLARY, PAUL R JR <i>RESIGNED</i>	15495 HALE DR	NEW FREEDOM PA 17345

100004669011--0
 -11/06/01--01056--013
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CLARY, DAVID P
 7688 CR 109D
 LADY LAKE FL 32159

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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

David P. Clary
 REGISTERED AGENT MUST SIGN

Date

17 Oct 01

AD

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:

David P. Clary
 DAVID P. CLARY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 Oct 01
 Date

(352) 753-8884
 Daytime Phone #

CR2E040 (8/01)