

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 18 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA7000096215

1. Corporation Name

George C. Clark Enterprises, Inc.

2. Principal Office Address

2341 Haitian Dr

Suite, Apt. #, etc.

Apt 21

City & State

Clearwater, FL

Zip

33763-3117

Country

USA

3. Mailing Office Address

13770 58th St N.

Suite, Apt. #, etc.

Ste. 304

City & State

Clearwater, FL

Zip

33760

Country

USA

REINSTATEMENT 03-04

300027979233
02/18/04--01028--028 **150.00

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

10/06/1997

5. FEI Number

59-3475264

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

Joseph C. Skalski, Esquire

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

13770 58th St. N.

Suite, Apt. #, Etc.

Ste. 304

City

Clearwater

State

FL

Zip Code

33760

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/26/04

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
PD	Clark, George C.	2341 Haitian Dr, Apt 21	Clearwater, FL 33763-3117
VSD	Clark, David M.	2321 Ham Blvd.	Clearwater, FL 33764
TD	Clark, Dorothy	5501 3rd Way N.	St. Petersburg, FL 33703

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:

[Signature]

David M. Clark, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04

Date

727-536-4328

Daytime Phone #

CR2E081 (10/02)