

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

99 OCT 27 PM 1:58

DOCUMENT # P98000081115

1. Corporation Name

AMERICA DO IT RIGHT, INC.

Principal Place of Business

418 20TH STREET
WEST PALM BEACH FL 33407

Mailing Address

418 20TH STREET
WEST PALM BEACH FL 33407

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

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

09/16/1998

5. FEI Number

☒ 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
D	CLEARE, JAMES S	640 47TH STREET	WEST PALM BEACH FL 33407
D	WALLACE, FREDERICK A	418 20TH STREET	WEST PALM BEACH FL 33407

200003034652--0
-11/04/99--01031--007
***750.00 ***750.00

10/11/2

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLEARE, JAMES S
640 47TH STREET
WEST PALM BEACH FL 33407

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

James S. Cleare

REGISTERED AGENT MUST SIGN

Date 10-20-99

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:

James S. Cleare
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James S. Cleare 10-20-99

561-309-9588

CR2040 (8/99)