

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION  
FOR  
REINSTATEMENT



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

*20001112*

FILED

00 NOV -2 AM 11: 00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P99000008840

1. Corporation Name

CLAWGES INDUSTRIES, INC.

Principal Place of Business

Mailing Address

16833 ELDERBERRY COURT  
MONTVERDE FL 34756

16833 ELDERBERRY COURT  
MONTVERDE FL 34756



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

01/25/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*741 W. Montrose St.*

City & State

City & State

*Clermont, Florida*

Zip

Country

Zip

Country

*34711*

*USA*

5. FEI Number

*59-3586242*

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	CLAWGES, ERIC	16833 ELDERBERRY COURT	MONTVERDE FL 34756

400003473384--6  
-11/21/00--01108--003  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLAWGES, ERIC  
741 MONTROSE STREET  
CLERMONT FL 34711

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date *10/30/00*

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.

KE

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/30/00* (352) 394-3444  
Date Daytime Phone #

CR2E040 (800)

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**CLAWGES INDUSTRIES, INC.  
741 W. MONTROSE ST.  
CLERMONT, FL 34711  
352-394-3444  
Fax # 352-242-2927**

OCTOBER 30, 2000

TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN,

WE ARE WRITING TO NOTIFY YOU THAT WE NEVER RECEIVED A FORM FOR A 2000 ANNUAL REPORT. WE RECENTLY RECEIVED THE NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION. WE CALLED THE (850) 487-6059 NUMBER AND THE OPERATOR SAID TO LET YOU KNOW IN WRITING AND TO PAY \$150.00. SHE ALSO STATED IT WAS RETURNED TO YOU. ALL ADDRESSES STATED ON THE CORPORATION FORM SHOULD STILL GET TO US. WE HAVE ENCLOSED THE CHECK AND A NEW ADDRESS FOR THE CORPORATION. THE OLD ADDRESS WOULD HAVE STILL REACHED US, BUT HOPEFULLY USING THIS NEW ADDRESS WE WILL RECEIVE ALL PAPERWORK PROPTLY AS TO AVOID THIS SORT OF THING IN THE FUTURE.

THANK YOU FOR YOUR TIME AND HELP IN THIS MATTER.

RESPECTFULLY,



ERIC P. CLAWGES