

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 25 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000012768

1. Corporation Name

COUNTY CLARE ENTERPRISES INC

2. Principal Office Address

3419 N ANDREWS AVE

Suite, Apt. #, etc.

City & State

OAKLAND PARK, FL

Zip

Country

33309-6059

BROWARD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/9/1999

5. FEI Number

65-0893884

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

WESLEY GLEESON

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

3419 N ANDREWS AVE

Suite, Apt. #, Etc.

City

OAKLAND PARK, FL

State

FL

Zip Code

33309-6059

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

Wesley Gleeson

Date

10/20/2004

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	WESLEY GLEESON	3419 N ANDREWS AVE	OAKLAND PARK, FL 33309

601042163746

10/25/04--01080--014 **150.00

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 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:

Wesley Gleeson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/2004

Date

954-567-1990

Daytime Phone #

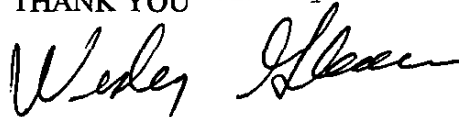
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GENTLEMEN;

ENCLOSED PLEASE FIND MY CHECK FOR \$150.00.

WE DID NOT RECEIVE THE ORIGINAL FORM TO FILE THE RETURN
TIMELY.

WE WOULD APPRECIATE ANY CONSIDERATION YOUR MIGHT GIVE
TOWARD ABATEMENT OF THE PENALTIES.

THANK YOU

A handwritten signature in cursive script, appearing to read "Wesley Gleeson".

WESLEY GLEESON, PRES