

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


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10/29/03--01065--031 \*\*1200.00

**REINSTATEMENT** 60-03

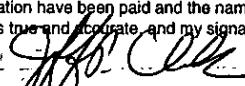
<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P99000090241</b>			
<b>1. Corporation Name</b> Clack Enterprises, Inc.			
<b>2. Principal Office Address</b> 340 Valparaiso Blvd Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> P.O. Box 608 Suite, Apt. #, etc.	
<b>City &amp; State</b> Valparaiso, FL <b>Zip</b> 32580 <b>Country</b> USA		<b>City &amp; State</b> Valparaiso, FL <b>Zip</b> 32580 <b>Country</b> USA	

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 10/21/1999	
<b>5. FEI Number</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> Jeff Clack			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 340 Valparaiso Blvd			
<b>Suite, Apt. #, Etc.</b>			
<b>City</b> Valparaiso	<b>State</b> FL	<b>Zip Code</b> 32580	

<b>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.</b>	
<b>Signature of Registered Agent</b> 	<b>Date</b> 8 OCT 03
<b>REGISTERED AGENT MUST SIGN</b>	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P/D	Jeff Clack	8 Holly Road	Crestview, FL 32539
S/T	John Clack	126 Baywind Drive	Niceville, FL 32578

<b>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.</b>	
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>Date</b> 8 OCT 03 <b>Daytime Phone #</b> 850-727-0888

CR2E081 (10/02)