

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

58 JUL 20 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S51073

1. Corporation Name

THE CLAY PLACE, INC.

Principal Place of Business

Mailing Address

107 N. RIDGEWOOD DR.  
SUITE 11  
SEBRING, FL 33870

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

2. New Principal Office Address, If Applicable

ISSS SHADOWLAWN DR.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

ISSS SHADOWLAWN DR.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/09/91

5. FEI Number

65-0266542

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

NAPLES, FL

Zip

34104

Country

USA

City & State

NAPLES, FL

Zip

34104

Country

USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	RICE, JAMES	ISSS SHADOWLAWN DR.	NAPLES, FL 34104
T	RICE, BARBARA	ISSS SHADOWLAWN DR.	NAPLES, FL 34104
			100002600301--1 -07/28/98--01041--006 ****\$15.00 ****\$15.00 FL 7.23-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RHODES, CLIFFORD R.  
107 N. EDGEWOOD DRIVE  
SUITE 11  
SEBRING, FL 33870

Name

ROXANE KRONON GALATI

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

790 HARBOUR DRIVE

Suite, Apt. #, Etc.

SUITE 2B

City

NAPLES

State

FL

Zip Code

34103

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

Roxane Kronon Galati

REGISTERED AGENT MUST SIGN

Date X

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 RICE JAMES RICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 7/17/98 9417751018

Date

Daytime Phone #

CR20040 (1-98)

## THE CLAY PLACE

(2)

7/17/98

Dear Sir or Madam,

I spoke with an examiner in your office yesterday named Tipone regarding the below referenced corporation. I explained that annual reports were not received for the years 1996, 1997, and 1998 due to an incorrect address. Tipone informed me that I would be able to reinstate the corporation without penalties by sending this letter of explanation, a reinstatement application, and a check in the amount of \$15.00. The check represents the normal annual fees for 1996, 1997, and 1998.

Thank you for your assistance in this matter.

RE: The Clay Place  
F.I.D. #65-0266842

Truly yours  
James J. Rice