

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **S55032**

1. Corporation Name

JOHN LEE CLEMONS, INC.

Principal Place of Business

Mailing Address

**2024 HARPER ST
TAMPA FL 33605**

**2024 HARPER ST
TAMPA FL 33605**

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

4135 CAUSEWAY BLVD

Suite, Apt. #, etc.

← SAME

City & State
TAMPA FL

City & State

Zip **33619** Country **USA**

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1991

5. FEI Number

59-3071697

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)

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
D P	CLEMONS, JOHN L.	2024 HARPER ST 4135 CAUSEWAY BLVD	TAMPA FL
DVP	JOHN W SANDERS	4135 CAUSEWAY BLVD	TAMPA FL
O	FRANKIE EDDY	4135 CAUSEWAY BLVD	TAMPA FL

REINSTATEMENT

400002088474--4

02/14/97--01113--005

*******915.00 *****915.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CLEMONS, JOHN L.
2024 HARPER ST
TAMPA FL 33605**

Name

CLEMONS JOHN LEE

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

4135 CAUSEWAY BLVD

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33619

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

John Lee Clemons

REGISTERED AGENT MUST SIGN

100002088481--2

02/14/97--01113--006

*******8.75 *****8.75**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

John Lee Clemons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #