

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

96 NOV 27 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V38902**

1. Corporation Name

J. CLARK INVESTMENTS, INC.

Principal Place of Business

**8826 EAGLE WATCH DR
RIVERVIEW FL 33569
US**

Mailing Address

**8826 EAGLE WATCH DR
RIVERVIEW FL 33569
US**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/1992

5. FEI Number

59-3126256

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DV	CLARK, III J	8826 EAGLE WATCH DR	RIVERVIEW FL
P	CLARK, RICHARD D	8210 STONER HILLS DR	RIVERVIEW FL

200802019162-1
-12/04/96--01042--002
***375.00 ***375.00

0611-27-90

8. Name and Address of Current Registered Agent

**CLARK, JOHN W. I
8826 EAGLE WATCH DR.
SUITE-200
RIVERVIEW FL 33569**

9. Name and Address of New Registered Agent

Name
CLARK JOHN W. III
Street Address (P.O. Box Number is Not Acceptable)
8926 EAGLE WATCH DR
Suite, Apt. #, Etc.
City
RIVERVIEW
State
FL
Zip Code
33569

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 of John W. Clark III
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/8/96**

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: *Signature of John W. Clark III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President **10/8/96**
Date
Daytime Phone # **622-7742**