

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV -6 PM 1:45

DOCUMENT # **V46940**

1. Corporation Name

EDDIE CLEMONS AND CO., INC.

200024578262
11/12/03--01002--031 **758.75

REINSTATEMENT 03

2. Principal Office Address

19073 NE SR 69

3. Mailing Office Address

19073 NE SR 69

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BLOUNTSTOWN, FL

City & State

BLOUNTSTOWN, FL

Zip

32424

Country

USA

Zip

32324

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1992

5. FEI Number

593139887

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

JAMES E. (EDDIE) CLEMONS, JR.

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

20998 NE LEE FARM RD

Suite, Apt. #, Etc.

City

BLOUNTSTOWN

State

FL

Zip Code

32424

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

Date

11-5-03

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
PD	EDDIE CLEMONS	20998 NE LEE FARM RD	BLOUNTSTOWN, FL 32424

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:

Eddie Clemons

11-5-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)