

PLEASE READ ALL INSTRUCTIONS BEFORE C

APPLICATION
FOR
REINSTATEMENT



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

FILED
Feb 05 1999 8:00 am
Secretary of State

DOCUMENT # 514756

1. Corporation Name

Cloverleaf Groom & Board, Inc

Principal Place of Business

Mailing Address

310 N.W. 170 Street
MIAMI, FLORIDA 33169

SAME

REINSTATEMENT 1995-1999

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

4. Date Incorporated or Qualified To Do Business in Florida

11-16-76

5. FEI Number

Applied For

59-1700566

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)

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
Secretary	PATRICIA DANE	310 NW 170 Street MIAMI, FLORIDA 33169	MIAMI, FL 33169
V. Pres.	MARK DANE	SAME AS ABOVE	
Director	LUIS ALVAREZ	700 SOLANO PRADO	COVINGTON, GA
Director	PEDRO FERNANDEZ	46 West 16 Street	HINDSBY, FLORIDA

REINSTATEMENT 95-99

8. Name and Address of Current Registered Agent

RICHARD M. BRENNER
21 SE 1st AVE., STE 800
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name Mark Dane

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

310 N.W. 170 Street

Suite, Apt. #, Etc.

City Miami

State FL

Zip Code 33169

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

REGISTERED AGENT MUST SIGN

Date 1/18/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/99 (305) 880-0410