

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 15 AM 8:00

DOCUMENT # *P01000063823*

1. Corporation Name

CLAMOR 2001, INC.

2. Principal Office Address

*C/O CERVERA REAL ESTATE
1492 S. MIAMI AVE.*

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33130

Country

U.S.A

3. Mailing Office Address

*C/O CERVERA REAL ESTATE
1492 S. MIAMI AVE.*

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33130

Country

U.S.A

300023178213
09/18/03--01073--022 **158.75
REINSTATEMENT *02-03*

4. Date Incorporated or Qualified
To Do Business in Florida

6/27/2001

5. FEI Number

04-3678614

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

NICOLA D'ANNA

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

C/O CERVERA REAL ESTATE 1492 S. MIAMI AVE.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33130

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

9-9-2003

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
<i>DIR</i>	<i>NICOLA D'ANNA</i>	<i>1492 S. MIAMI AVE. MIAMI FL 33130</i>	<i>MIAMI, FL 33130</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICOLA D'ANNA

Date

9-9-2003

Daytime Phone #

CR2ED01 (1/002)

CLAMOR 2001, INC.
1492 South Miami Avenue
Miami, FL 33130

September 9, 2003

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Please find enclosed a check in the amount of \$ 158.75 to cover the annual filing fee for the year 2003 and a certificate of status.

We never received the correspondence you sent us dated February 14, 2002, requesting the federal identification number and this is the reason the reports were not filed.

We hereby request that you please waive the reinstatement fee. We apologize for any inconvenience this may have caused you.

Very truly yours,



Nicolo D'anna
Director

ND/mg
Enc.