

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000001792

Entity Name: CLAVIR, INC

FILED
Oct 14, 2009
Secretary of State

Current Principal Place of Business:

9541 NEW UTRECHT STREET
LAS VEGAS, NV 89178

New Principal Place of Business:

Current Mailing Address:

11354 SW ROCKINGHAM DR.
PORT ST. LUCIE, FL 34987

New Mailing Address:

FEI Number: 88-0297048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAVIR, LESLIE
113547 SW ROCKINGHAM DR.
PORT ST LUCIE, FL 34987 US

Name and Address of New Registered Agent:

CLAVIR, LESLIE
11354 SW ROCKINGHAM DR.
PORT ST LUCIE, FL 34987 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LES CLAVIR

10/14/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: CLAVIR, LESLIE M
Address: 11354 SW ROCKINGHAM DR.
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: VCHR () Delete
Name: CLAVIR, LESLIE M
Address: 11354 SW ROCKINGHAM DR.
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: PVSD () Delete
Name: CLAVIR, LESLIE M
Address: 11354 SW ROCKINGHAM DR.
City-St-Zip: PORT ST. LUCIE, FL 34987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE M CLAVIR

PRES

10/14/2009

Electronic Signature of Signing Officer or Director

Date