## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

GORPORATION REINSTATEMENT	
DOCUMENT # F	=150

FLORIDA DEPARTMENT OF STATE

Secretary of State

Linear States

REINSTATEMENT	DIVISION OF CORPORATIONS		2023 JAN 25 PM 12: 40	
DOCUMENT # F150000	02680			
CLIFFED, INC.				
2. Principal Office Address - No P.O. Box # 70 CHARLES LINDBERGH BLVD	3. Mailing Office Address  SAME			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CR2E081 (11/10)	
# 200			4. Date Incorporated or Qualified To Do Business in Florida 6-22-15	
City & State  UNIONDALE, NY  Zip Country	City & State		5. FEI Number   Applied For   11 - 2975713   Not Applied	
11553 Country NASSAU	Zıp	Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of State	
7. Name and Address o	f Current Registered Ag	gent		
Name NRAI SERVICES, INC.			100401885461 - 01/26/2301001001 **1200.00	
Street Address (P.O. Box Number is Not Acceptable 1200 SOUTH PINE ISL	AND RD.			
Suite, Apt. #, Etc.		100401385461 01/26/2501001002 **150.00		
PLAN TATION  State Zip Code FL 33324				
8. I, being appointed the registered agent of the about 15 cm.  Signature of Registered Agent 15 cm.	egistered agent mu	· · · · · · · · · · · · · · · · · · ·	obligations of section 607.0505 or 617 0503, F.S. / Date	
Names and Street Addresses of Each Officer and	dor Director (Florida non	profit corporations must list at I	least 3 directors)	
Titles Name of Officers and/or Directors		ch or City / State / Zip		
P CHRISTOPHER CLIFFO	RD 25,	PINE DR.	WOODBURY, NY 11797	
			THE STANCE OF TH	
			R. HUNT	
10. E-mail Address: INELSON @	CLIFFCOMOR:	TGAGE. COM		
	(1	o be used for future annual repor	rt notification)	

reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been said. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am awar for also in the document of State constitutes a third degree felony as provided for in s.817.155, F.S. 516-647-3732 SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR