


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>APPROVED FILED FILED</p> <p>1072</p> <p>97 FEB 14 AM 9:14</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																																	
<p>DOCUMENT # <u>F94000002316</u></p> <p>1. Corporation Name <u>CLFA Enterprises Inc.</u></p> <p style="text-align: center; font-size: 1.5em;">1996 ANNUAL REPORT</p>																																					
<p>Principal Place of Business</p> <p><u>2017 George Jenkins Blvd.</u> <u>Lakeland, FL 33801</u></p>		<p>Mailing Address</p> <p><u>5445 Birdhaven Ct.</u> <u>Va Beach, Va. 23462</u></p>																																			
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																																					
<p>2. New Principal Office Address, If Applicable</p> <p><u>See above</u></p>		<p>3. New Mailing Address, If Applicable</p> <p><u>See above</u></p>		<p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p><u>1993</u></p>																																	
<p>Suite, Apt. #, etc.</p>		<p>Suite, Apt. #, etc.</p>		<p>5. FEI Number</p> <p><u>54-1708593</u></p>																																	
<p>City & State</p>		<p>City & State</p>		<p>Applied For</p> <p><input type="checkbox"/> Not Applicable</p>																																	
<p>Zip</p>		<p>Country</p>		<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																																	
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Title(s)</th> <th style="width:30%;">Name of Officers and/or Directors</th> <th style="width:30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td><u>Pres.</u></td> <td><u>Maxine Tate</u></td> <td><u>5445 Birdhaven Ct.</u></td> <td><u>Va Beach, Va. 23462</u></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	<u>Pres.</u>	<u>Maxine Tate</u>	<u>5445 Birdhaven Ct.</u>	<u>Va Beach, Va. 23462</u>																								
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<u>Pres.</u>	<u>Maxine Tate</u>	<u>5445 Birdhaven Ct.</u>	<u>Va Beach, Va. 23462</u>																																		
<p>8. Name and Address of Current Registered Agent</p> <p><u>Maxine Tate</u> <u>5445 Birdhaven Ct.</u> <u>Va Beach, Va 23462</u> <u>2017 George Jenkins Blvd.</u> <u>Lakeland, FL 33801</u></p>				<p>9. Name and Address of New Registered Agent</p> <p><u>A. Alan</u> <u>2/14/97</u></p>																																	
<p>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.</p> <p>Signature of Registered Agent <u>Maxine Tate</u> Date <u>2-9-97</u></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>				<p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>Suite, Apt. #, Etc.</p> <p>City</p> <p>State <u>FL</u> Zip Code</p>																																	
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																																					
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>SIGNATURE: <u>Maxine Tate Pres</u> <u>2-9-97</u> <u>757-857-1880</u></p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>																																					

CP25040 (12/95)

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Feb 7, 1997

Please reverse the reinstatement fee as we never received our 1996 Annual Report. I am enclosing a check for \$200 (61.25 annual report fee + 138.75 corp. fee)

Thank you very much -

Maxine Tate

Pres CFLA

Phone 767-499-1877 home
767-857-1880 work