

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H73026**

1. Corporation Name
CLOVER CORPORATION OF MIAMI

Principal Place of Business
8000 N.W. 31ST. STREET BAY #1
MIAMI FL 33122

Mailing Address
8000 N.W. 31ST. STREET BAY #1
MIAMI FL 33122

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
2921 Coral Way
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
2921 Coral Way
Suite, Apt. #, etc.

City & State
Miami - Fla

City & State
Miami - Fla

Zip
33145

Zip
33145

4. Date Incorporated or Qualified To Do Business In Florida
08/26/1985

5. FEI Number
59-2571817

Applied For

☒ 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
P	CORRAL, MAURICIO DEL del Corral, Mauricio	8000 N.W. 31ST STREET 2921 Coral Way	MIAMI FL 33145
VD	DEL CORRAL, CARMEN	8000 N.W. 31ST STREET 2921 Coral Way	MIAMI FL 33145

5100002339655--4
-11/06/97--01003--015
******165.00 ****165.00**

10-2-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORRAL, MAURICIO DEL
8000 N.W. 31ST BAY 1
BAY #1
MIAMI FL 33122

Name
Mauricio del Corral
Street Address (P.O. Box Number, is Not Acceptable)
2921 Coral Way
Suite, Apt. #, Etc.
Miami - Fla
City
Miami

State
FL
Zip Code
33145

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 **Oct 25/97**

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

Oct 25/97
Date

305-444-1584
Daytime Phone #