

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra L. Worthington
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN 16 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H83962

1. Corporation Name

CLINTON MANAGEMENT CORP.

Principal Place of Business

Mailing Address

5800 MIAMI LAKES DR
MIAMI LAKES FL 33014
US

5800 MIAMI LAKES DR
MIAMI LAKES FL 33014
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2647119

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
PD	SCANNAVINO, FRANK G.	11980 NW 2ND CT.	CORAL SPRINGS FL
VSD	GLAZER, MARC	12600 BURNING TREE LANE	CORAL SPRINGS FL
VD	NALL, CHARLES	246 NEPTUNE AVE	LAUDERDALE BY THE SEA FL

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01/21/98 01014-022
****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZIEGLER, JOHN K
5800 MIAMI LAKES DR
MIAMI LAKES FL 33014

Name

ERIC L. GLAZER, ESQ

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

5800 MIAMI LAKES DR

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33014

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 1/12/98

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

Date

Daytime Phone #

1/13/98 (305) 827-8400

CR2E040 (8/97)