

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 13 AM 8:00

DOCUMENT # K37107

1. Corporation Name

CLOONLYON Enterprises Inc

REINSTATEMENT 99-04-

2. Principal Office Address

1144 ALT 19

3. Mailing Office Address

1320 Persimmon Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLIDAY FL

City & State

HOLIDAY FL

Zip

34691

Country

PASCO

Zip

34691

Country

PASCO

4. Date Incorporated or Qualified
To Do Business in Florida

4/30/04 01020 020 X 750.00

10/1/88

5. FEI Number

59-2915168

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael Brennan

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

1320 Persimmon Dr.

Suite, Apt. #, Etc.

City

HOLIDAY

State

FL

Zip Code

34691

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michael Brennan

REGISTERED AGENT MUST SIGN

Date

4/20/14

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Michael Brennan	1320 Persimmon Dr	HOLIDAY FL 34691

10. 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)(l), 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:

Michael Brennan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/14

Daytime Phone #

727 8617827

CR2E081 (01/04)

2072

April/20/2004

Ref. 1999 UBR

DEAR SIRs

WE JUST BECAME AWARE THAT OUR CORPATION HAS BEEN PLACED AS
INACTIVE BY THE STATE OF FLORIDA WE HAVE AN ADDRESS CHANGE AND
NEVER RECEIVED ANY MAIL ON THIS SUBJECT .ENCLOSED IS A CHECK FOR
750 FOR THE YEARS 1999-2004

Sincerely,

Michael Dean

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11/11