

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Jim Smith Secretary of State DIVISION OF CORPORATIONS		DO NOT WRITE IN THIS SPACE  <div style="text-align: right; font-size: 1.2em;"> <b>FILED</b>  <b>98 AUG -7 11:10:22</b> </div>	
Read Instructions on Other Side Before Making Entries <b>Make Check Payable To: Department of State</b>					
1. Name and Mailing Address of Corporation: <b>DOCUMENT # L22205</b> <b>C.L.K. Properties, Inc.</b> <b>3191 Coral Way, Suite 608</b> <b>Miami, FL 33145</b>			2. If Address in Block 1 is incorrect in any way, enter the correct address below: <b>TALLAHASSEE, FLORIDA</b> Address _____ City and State _____ Zip Code _____		
4. Date Incorporated or Qualified To Do Business in Florida <b>10/12/89</b>			5. FEI Number <b>65-0177811</b>		6. <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b> <input type="checkbox"/> <b>CERTIFICATE OF STATUS DESIRED</b>
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
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		
P/S/T/VP	Raymond L. Chu	3191 Coral Way, Suite 608	Miami, FL 33145		
VP	Andrew L. Mann	10001 W. Oakland Park Blvd. Suite 200	Sunrise, FL 33351		
			<b>300002612489--2</b> <b>-08/11/98--01026--002</b> <b>***1058.75 ***1058.75</b>		
			<b>87-98</b>		
<b>REGISTERED AGENT INFORMATION</b>			9. If changed, new registered agent / office Name _____ Street Address (Do NOT Use P.O. Box Number) <b>4300 N. University Drive</b> Street Address (Do NOT Use P.O. Box Number) <b>Suite C-203</b> City _____ State _____ Zip _____ <b>Ft. Lauderdale FL 33351</b>		
8. Name and Address of Current Registered Agent <b>Andrew L. Mann, P.A.</b> <b>10001 W. Oakland Park Blvd.</b> <b>Suite 200</b> <b>Sunrise, FL 33351</b>					
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. <b>Andrew L. Mann, P.A.</b> Signature of Registered Agent By: _____ Date <b>8/5/98</b> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
13. 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. Signature of Officer or Director _____ Date <b>8/5/98</b> Daytime Phone # <b>(957) 572-9944</b>					

CR2040 (8-92)