

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV -3 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000003375

1. Corporation Name

CLARKE & BEIGE CULTURAL AND TRAINING CENTER, IN
C.

Principal Place of Business

Mailing Address

1810 ELIOTT ST.
LAKELAND FL 33805

1810 ELIOTT ST.
LAKELAND FL 33805



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

06/02/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3579371

Not Applicable

Zip Country Zip Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$0.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LOVE, EUGENE	1810 ELIOTT ST.	LAKELAND FL 33805
VD	LOVE, ANGELA Anthony, John	1810 ELIOTT ST. 1236 North Virginia Ave.	LAKELAND FL 33805 Lakeland, FL 33805
SD	LOVE, PAULINE Bridges, Linda	216 W. VALENCIA 2130 Elizabeth St. #5	LAKELAND FL 32805 Lakeland, FL 33815
ED	STEPHENSON, TERRI A	3311 IMPERIAL LANE	LAKELAND FL 33813

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOVE, EUGENE
1810 ELIOTT ST.
LAKELAND FL 33805

Name

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

Suite, Apt. #, Etc.

City

600003482295 7

-12/01/00-01016-008

****245.00 ****245.00

State Zip Code

FL

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date October 19, 2000

11. 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 REQUIRED
Eugene Love
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 19, 2000

Date

(863)688-2081

Daytime Phone #