

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 17 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000052291

1. Corporation Name

CLER CONSTRUCTION, INC.

2. Principal Office Address

7410 West Lake Drive

Suite, Apt. #, etc.

City & State

W. Palm Beach, FL

Zip

33406

Country

US

3. Mailing Office Address

7410 West Lake Drive

Suite, Apt. #, etc.

City & State

W. Palm Beach, FL

Zip

33406

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1106714

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Corporate Creations Network Inc.

Street Address (P.O. Box Number is Not Acceptable)
11380 Prosperity Farms Road

Suite, Apt. #, Etc.

221E

City

Palm Beach Gardens

State
FL

Zip Code
33410

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

REGISTERED AGENT MUST SIGN

Date 8/15/05

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.S.T.D	Kevin L. Cler	7410 West Lake Drive	W. Palm Beach, FL, 33410

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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)(f), 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:

Kevin L. Cler

Kevin L. Cler, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/05
Date

561-722-0819
Daytime Phone #