PLEASE READ ALL INSTRUCTIONS BEFORE C

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

000264893100

DOCUMENT # P01000054570

REINSTATEMENT

000264893100
10/06/14--01042--022 **635.00

CR2E081 (11/10)

1 Corporation Name

CL FINANCIAL USA, INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1221 BRICKELL AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 660	
City & State	City & State
MIAMI, FLORIDA	
Zip / Country	Zip / Country
33131 / USA	

4. Date Incorporated or Qualified To Do Business in Florida
06/04/2001

5. FEI Number
13-4224585
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
DALE REED

Street Address (P.O. Box Number is Not Acceptable)
1221 BRICKELL AVE

Suite, Apt. #, etc.
SUITE 660

City / State / Zip Code
MIAMI FL 33131

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 _____ Date 10/13/14
REGISTERED AGENT MUST SIGN

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
CEO	JOHN YANOPOULOS	1221 BRICKELL AVE	MIAMI FLORIDA 33131
AGENT	DALE REED	1221 BRICKELL AVE	MIAMI FLORIDA 33131

10. E-mail Address: Joseph.Geluso@y-group.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: _____ 10/13/14 303-769-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2014 OCT 15 PM 2:39

C. CARROTHERS
OCT 15 2014