## PLEASE READ ALL INSTRUCTIONS BEFORE, COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STADE 🐾 🥾 Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P01000067416
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1. Corporation Name

C.L. PROPERTY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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i If above	addresses are incorrect in any way, line t	brough incorrost i	oformation and	antar agreeation below	REIN	STATEM	ENTO2-03	
	rincipal Office Address, If Applicable							
		ing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida  07/10/2001				
		Suite, Apt. #	Suite, Apt. #, etc.  City & State		<del>- </del> -		Applied For	
		City & State					Not Applicable	
Zip	Country	Zip	[	Country	6. CERTIFICAT	E OF STATUS DESIRED	S8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer an	d/or Director (Fig	orida nonprofit d	corporations must list at l	east 3 directors)			
Title(s)	Name of Officers and/or Directors				reet Address of Each fficer and/or Director		City / State / Zip	
PTD	COLSON, KENNETH J	10018 SPANISH ISLE BOULEV			RD, SU	BOCA RATON FL 33498		
SVD	SVD LINCK, DARREN W			NISH ISLE BOULEVAL	=	BOCA RATON FL 33498		
			900010061309 0271770301081008 **350.00			L3U3 8 **350,00		
*					<b>9</b> 0	0010061	ൗനര	
					017137	13-010 <b>9700</b>	**550.00	
8. Name and Address of Current Registered Agent			ent	9. Name and Address of New Registered Agent			ered Agent	
SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI FL 33145			Name KENNETH J CO. Street Address (P.O. Box Nur 10018 SPANIS Suite, Apt. #, Etc.					
MINAMI	16 00170			City	RATON		State Zip Code	

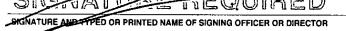
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

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 filling 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:



Daytime Phone #