

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 18 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000067416

1. Corporation Name

C.L. PROPERTY MANAGEMENT, INC.

Principal Place of Business

10018 SPANISH ISLE BOULEVARD, SUITE A15
BOCA RATON FL 33498

Mailing Address

10018 SPANISH ISLE BOULEVARD, SUITE A15
BOCA RATON FL 33498

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/2001

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

| 1 Title(s) | 2 Name of Officer's and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|--|--|---|
| PTD | COLSON, KENNETH J | 10018 SPANISH ISLE BOULEVARD, SU | BOCA RATON FL 33498 |
| SVD | LINCK, DARREN W | 10018 SPANISH ISLE BOULEVARD, SU | BOCA RATON FL 33498 |
| | | | 900010061309 02/17/03--01081--008 **350.00 |
| | | | 900010061309 01/13/03--01097--004 **550.00 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

KENNETH J COLSON

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

10018 SPANISH ISLE BOULEVARD - A15

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-20-02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-20-02

Daytime Phone #

CR2E040 (9/02)