

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000070084

1. Corporation Name

CLIPPERZ, INC.

Principal Place of Business

8005 LAKE DRIVE
SUITE 303
MIAMI SPRINGS FL 33166

Mailing Address

8005 LAKE DRIVE
SUITE 303
MIAMI SPRINGS FL 33166

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

07/17/2001

5. FEI Number

65-1121717

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 Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	DE LA VEGA, MANUEL E	8005 LAKE DRIVE SUITE 303	MIAMI SPRINGS FL 33166

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

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

Suite, Apt. #, Etc.

City

State
FL

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

Date

10-12-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-
10-12-03 218-3664

FILED
03 OCT 30 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)

DeLaVes Group Sew Inc
8005 Lake Dr #303
Miami, Fl. 33166

Fl. Dent. of State
Tallahassee Fl.

Dear Sir -

To date I have never received my renewal form
of Uniform Corp -

Please see my ck in the amount of -

\$ 159.30 - this will pay the
Original fee and \$2.15 for Certificate,
I was told the \$600 fee is waived
In the event I did not re the original
Certificate to renew - that was my
Case -

Thank you very much -

Memo DeLaVes

305-2189664