

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 21 PM 4:44

DOCUMENT # P02000014618

1. Corporation Name

THE CLARK'S PLACE, INC.

Principal Place of Business

3353 CHARLES AVENUE
MIAMI FL 33133

Mailing Address

3353 CHARLES AVENUE
MIAMI FL 33133



REINSTATEMENT

03

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

02/08/2002

5. FEI Number

03-0395388

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SHIVER, FELICIA M	3271 THOMAS AVE 3353 Charles Av	MIAMI FL 33133
VD	SHIVER, MICHAEL	3271 THOMAS AVE 3353 Charles Av	MIAMI FL 33133

600023966086
10/21/03--01044--012 **150.00

8. Name and Address of Current Registered Agent

SHIVER, FELICIA M
3353 CHARLES AVENUE
MIAMI FL 33133

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

SIGNATURE

Date

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 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:

Felicia M. Shiver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

17 Oct 03 305 4412453

CR2040 (7/03)

The Clark's Place, Inc.
Assisted Living Facility
Lakewood Hall 00119



3353 Charles Avenue
Coconut Grove, Florida 33133
Tel. (305) 441-2453

Felicia Shiver
President/Administrator

Michael Shiver
Vice President

October 17, 2003

Florida Department of State
Division of Corporation
Ref: Document #P02000014618
The Clark's Place, Inc.

Dear Sir/Madam

Enclosed is the application for reinstatement. The Clark's Place was recently incorporated with State of Florida in February of 2002.

The Clark's Place did not receive annual business report or any subsequent notices requesting us to file a report.

Therefore we are requesting a waiver of the reinstatement fee and we are enclosing our fee of \$150.00 to reinstate the corporation to active status.

For any questions please contact me at 305 441-2453.

Thank you for your cooperation.

Respectfully yours,

A handwritten signature in cursive script that reads "Felicia M. Shiver".

Felicia Shiver, President
The Clark's Place, Inc