

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 15 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000027603

1. Corporation Name

CLIVE CHRISTIAN OF FORT LAUDERDALE, INC.

2. Principal Office Address

1855 Griffin Road

Suite, Apt. #, etc.

Space C-382 DCOTA

City & State

Dania Beach FL 33004

Zip

33004

Country

USA

3. Mailing Office Address

c/o Charles S. Dale, P.A.

Suite, Apt. #, etc.

414 NE 4th Street

City & State

Ft. Lauderdale FL 33301

Zip

33301

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 03-13-2002

5. FEI Number

75-3049509

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

CHARLES S. DALE, ESQUIRE

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

414 NE 4th Street

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33301

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

Charles S. Dale

Date

1-12-05

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
Pres	Robert A. Hughes	58 West 58th Street, 16-E	New York NY 10019
			200047422582 03/01/05 01003-017 **750.00
			200047422582 03/01/05 01003-010 **150.00
			REINSTATEMENT 04-05

10. 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
ROBERT A. HUGHES, PRESIDENT

Date

Daytime Phone #