

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000027603

1. Corporation Name

CLIVE CHRISTIAN OF FORT LAUDERDALE, INC.

Principal Place of Business

Mailing Address

SPACE C-362, DCOTA, 1855 GRIFFIN RD  
DANIA BEACH FL 33004SPACE C-362, DCOTA, 1855 GRIFFIN RD  
DANIA BEACH FL 33004  
XXXXXXXXXX

1020 Madison Ave.

New York, NY 10021

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

2. New Principal Office Address, If Applicable  
same as above3. New Mailing Office Address, If Applicable  
1020 Madison Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

New York, NY 10021

Zip

Country

Zip

Country

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
Pres	Robert A. Hughes	58 WEST 58TH STREET, 16E <del>MANHATTAN ST.</del>	New York, N.Y. <del>10455</del> 10019

780024704517  
11/14/03--01036--007 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DALE, CHARLES S

414 NE 4 ST

FT LAUDERDALE FL 33301

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

10-13-03

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

Robert A. Hughes, President

ROBERT HUGHES

Date

Daytime Phone #

10-31-03 212-570-6371





*Clive Christian*  
LONDON • PARIS • NEW YORK

*To All And Singular - in pursuance of His Grace's Warrant and by virtue of the  
Letters Patent of Our several Offices granted to each of Us respectively by  
The Queen's Most Excellent Majesty do by these Presents grant and  
assign unto Clive Christian the Armorial Ensigns.*

October 31, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

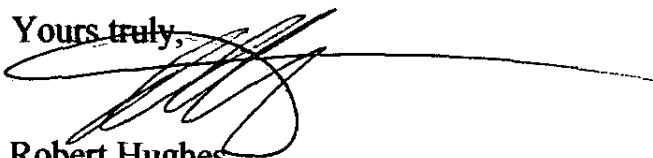
RE: Clive Christian of Fort Lauderdale, Inc.

Enclosed please find our application for reinstatement for the above corporation and the fee of \$150 payable to the Division of Corporations. We did not receive the prior UBR notice.

Kindly send the reinstatement notice or any correspondence to our office at 1020 Madison Avenue New York, NY 10021.

Thank You:

Yours truly,

  
Robert Hughes  
President

