

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 29 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000080226

1. Corporation Name

Clydesdale of Inverrary Inc

2. Principal Office Address

4904 Bayberry Lane

Suite, Apt. #, etc.

City & State

Tamarac Florida

Zip

33319

Country

USA

3. Mailing Office Address

4904 Bayberry Lane

Suite, Apt. #, etc.

City & State

Tamarac Florida

Zip

33319

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-01--02

5. FEI Number

13-4205326

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

Sylvia Kuhr

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

4904 Bayberry Lane

Suite, Apt. #, Etc.

City

Tamarac

State

FL

Zip Code

33319

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

Sylvia Kuhr

REGISTERED AGENT MUST SIGN

Date 10/25/04

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
^D Pres	Sylvia Kuhr	4904 Bayberry Lane	Tamarac Florida 33319
^D VP	Carol Hoffman	780 Boylston Street	Boston Mass 02199
^D Tr	Roni Donnenfeld	P O Box 243	Warren Vermont 05674

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:

Sylvia Kuhr

Sylvia Kuhr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/04

Date

954-485-4975

Daytime Phone #

CR2E081 (01/04)

The corporation has indicated in accordance with s. 607.193(2)(b), F.S., it did not receive the prior notice. They have requested the late fee be waived.