FROM

1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 APR 27 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

06-09

300150709873
04/16/09--01046--020 **600.00

CR2E081 (12/08)

DOCUMENT # P02000093811

1. Corporation Name
The Clover Company

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
442 Mendoza Ave	3109 Grand Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	#177
City & State	City & State
Coral Gables, FL	Miami, FL
Zip / Country	Zip / Country
33134 / U.S.A.	33133 / U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 08-27-07

5. FEI Number 46-0497185 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Adriana Vallarino

Street Address (P.O. Box Number is Not Acceptable): 442 Mendoza Ave

Suite, Apt. #, Etc.:

City: CG | State: FL | Zip Code: 33134

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Adriana Vallarino — Date: 04-13-09
REGISTERED AGENT MUST SIGN

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

Title:	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Adriana Vallarino	442 Mendoza Ave	CG, FL 33134

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 contained in Chapter 119, 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: Adriana Vallarino — Adriana Vallarino — 04-13-09 — 786-237-5073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OK to reinstate ASAP per KB

FROM : _

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April 24, 2009

Via fax
To: Michelle Milligan
From: Adriana Vallarino
# of pages: 2

Florida Dept. of State
Corporation Reinstatement
ATT: Ms. Michelle Milligan

Dear Ms. Milligan:

As per our conversation yesterday, I am re-sending the document for re-instatement of the corporation, The Clover Company, Document # P02000093811, for you to please re-install or re-instate the corporation. I acknowledge that as you informed me there is another company with the name Clover Corp, but I want my company the Clover Company to be re-instated anyway.

So I hope The Clover Company will be re-instated as soon as possible.

Thank you in advance,

Adriana Vallarino
ADRIANA VALLARINO