

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

03 NOV 10 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000105559**

1. Corporation Name

CLEAR PALM ENTERPRISES, INC.

Principal Place of Business

15140 IONA LAKES DR
FT MYERS FL 33908

Mailing Address

15140 IONA LAKES DR
FT MYERS FL 33908

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

09/30/2002

5. FEI Number

52-2378034

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03

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
PRES	DIETMAR JANSEN	15140 IONA LAKES DR	FT. MYERS FL 33908

900024567719

11/10/03-01092-001 **150.00

8. Name and Address of Current Registered Agent

JANSEN, DIETMAR
15140 IONA LAKES DR
FT MYERS FL 33908

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DIETMAR JANSEN

10-10-03

Date

Cell- 239-560-4196

Daytime Phone #

CR2E040 (7/03)

November 5, 2003

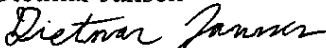
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

Clear Palm Enterprises Inc.
15140 Iona Lakes Dr
Ft. Myers FL 33908

To Whom It May Concern:

We have a notice of administrative dissolution or revocation. This is the first notice regarding our corporation's annual report we have received. We incorporated our business in September of 2002 and we never received any other notice regarding this. We have enclosed the ~~original~~ uniform business report along with a check for \$150.00. Please make the necessary adjustments. We apologize for any inconvenience this has caused. Thank you.

Dietmar Jansen


Clear Palm Enterprises, Inc.