

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 13 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000142375

1. Corporation Name

CLEVELAND HOUSE INC.

2. Principal Office Address - No P.O. Box #

320 CLEVELAND ST.

Suite, Apt. #, etc.

City & State

Hollywood FL.

Zip

33019

Country

U.S.A.

3. Mailing Office Address

320 CLEVELAND ST.

Suite, Apt. #, etc.

City & State

Hollywood FL.

Zip

33019

Country

USA

REINSTATEMENT 04-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/00/2003

5. FEI Number

05-0592090

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

ALAN RUBIN

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

320 CLEVELAND ST.

Suite, Apt. #, Etc.

Apt. 9

City

Hollywood

State

FL

Zip Code

33019

☐ 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

REGISTERED AGENT MUST SIGN

Date

9/11/07

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
P	ALAN RUBIN	320 CLEVELAND ST. Apt. 9	Hollywood FL. 33019
VP	JOEL RUBIN	112 N.E. 17th Ave.	Fort Lauderdale FL. 33301
ST	CAROL RUBIN	86 WINTERGREEN LN.	Brewster MA 02631
			800109407009 09/14/07--01024--003 **1200.00
			800109407009 09/12/07--01052--003 **1200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN RUBIN

Date

9/11/07

Daytime Phone #

954925-3553