## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000096213

Entity Name: CLEARVIEW MANAGEMENT & CONSULTING, INC.

FILED Jan 14, 2008 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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5544 ALBIN DRIVE 2978 HAMBLIN WAY GREENACRES, FL 33463 WELLINGTON, FL 33414

Current Mailing Address: New Mailing Address:

5544 ALBIN DRIVE 2978 HAMBLIN WAY GREENACRES, FL 33463 WELLINGTON, FL 33414

FEI Number: 02-0725338 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PIERRE, ANDRE D MR. 550 N.E. 124TH STREET NORTH MIAMI, FL 33161

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANDRE D PIERRE

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

US

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, T () Delete Title: P (X) Change () Addition Name: JEAN, JOSEPH H MR. Name: JEAN, PIERRE L MR.

 Name:
 JEAN, JOSEPH H MR.
 Name:
 JEAN, PIERRE L MR.

 Address:
 5544 ALBIN DRIVE
 Address:
 14 FIRST ST

 City-St-Zip:
 GREENACRES, FL 33463
 City-St-Zip:
 WESTBURY, NY 11590

Title: VP ( ) Delete Title: VP,T (X) Change ( ) Addition Name: JEAN, NADEGE MRS. Name: JEAN, JOSEPH H MR

Address: 5544 ALBIN DRIVE Address: 2978 HAMBLIN WAY
City-St-Zip: GREENACRES, FL 33463 City-St-Zip: WELLINGTON, FL 33414

Title: SEC ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 JEAN, NADEGÉ MRS.
 Name:
 JEAN, NADEGÉ MRS.

 Address:
 5544 ALBIN DRIVE
 Address:
 2978 HAMBLIN WAY

 City-St-Zip:
 GREENACRES, FL 33463
 City-St-Zip:
 WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH H JEAN VP 01/14/2008