

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 11 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000117802

1. Corporation Name

CLEWISTON INVESTMENTS INC.

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

901- 10TH STREET HARLEM

Suite, Apt. #, etc.

City & State

CLEWISTON FLORIDA

Zip

33430

Country

3. Mailing Office Address

8609 SOUTH BAY DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

Zip

32819

Country

REINSTATEMENT 06-08^{KS}

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/12/2004

5. FEI Number
201489923

☐ 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

M CHOWDHURY

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

8609 SOUTH BAY DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

☒ 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

M. A. Chowdhury

REGISTERED AGENT MUST SIGN

Date 03/07/2008

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	M CHOWDHURY	8609 SOUTH BAY DRIVE	ORLANDO FL 32819

400120752934
03/19/08--01036--014 **450.00

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:

M. A. Chowdhury

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/08 (407) 257-6638

Date

Daytime Phone #

KS