

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000156251

1. Corporation Name

CLARK BROTHERS

Corporation

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

2567 RIVER SIDE DRIVE

3. Mailing Office Address

2567 RIVER SIDE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

33065

Country

USA

Zip

33065

Country

USA

7. Name and Address of Current Registered Agent

Name

JORGE E. CLARK

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

2567 RIVER SIDE DRIVE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **11-14-2007**

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
PD	JORGE E. CLARK	2567 RIVER SIDE DRIVE	CORAL SPRINGS FL 33065
VP	JOSE A. CLARK	2567 RIVER SIDE DRIVE	CORAL SPRINGS FL 33065
S	WILMER PUERTAS	2567 RIVER SIDE DRIVE	CORAL SPRINGS FL 33065

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11/21/07--01053--003 **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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-2007

Date

Daytime Phone #

FILED

07 NOV 15 PM 12:02

CLERK OF THE COURT
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (4/97)

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/2004

5. FEI Number

36-4564611

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.