

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 JAN 29 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000147336

1. Corporation Name

CLAUDE MICHAEL'S PLACE, INC.

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

475 Oak Street

Suite, Apt. #, etc.

City & State

Safety Harbor, Florida

Zip

34695

Country

3. Mailing Office Address

475 Oak Street

Suite, Apt. #, etc.

City & State

Safety Harbor, Florida

Zip

34695

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/02/2005

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

600117604226  
02/08/08--01020--006 \*\*450.00

CR2E081 (12/07)

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22nd Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

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

SPIEGEL & UTRERA, P.A.  
By: *Natalia Utrera*

Natalia Utrera, Vice President REGISTERED AGENT MUST SIGN

Date 1-25-08

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	Robinson, Claude	475 Oak Street	Safety Harbor, Florida 34695
VD	Caphart, Patricia A.	475 Oak Street	Safety Harbor, Florida 34695
S	Jones, Carmen	475 Oak Street	Safety Harbor, Florida 34695
T	Giba, Christine <b>RH</b>	475 Oak Street	Safety Harbor, Florida 34695
<b>REINSTATEMENT 1-08</b>			

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:

*Claude Robinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/25/08

Daytime Phone #