

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV -3 P 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500162440505
11/03/09--01017--011 **300.00

CR2E081 (12/07)

DOCUMENT # P06000147124

1. Corporation Name

CLAUSEB CORP.

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

6515 SW 125 Ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33183

Country

USA

3. Mailing Office Address

6515 SW 125 Ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33183

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-27-06

5. FEI Number

208268921

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 Caridel Hernandez

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

6515 SW 125 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33183

☒ 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

Caridel Hernandez

Date

REGISTERED AGENT MUST SIGN

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	Caridel Hernandez	6515 SW 125 Ave	Miami FL 33183
VP	Anibal Hernandez	6515 SW 125 Ave	Miami FL 33183

REINSTATEMENT

08-09
AD

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

Date

Daytime Phone #