

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2020 JUN 11 PM 12:07

DOCUMENT # 711000015157

1. Corporation Name

Cleav Choice Shower Doors Inc.

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

8165 NW. 47th Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

8165 NW. 47th Dr.

Suite, Apt. #, etc.

City & State

Coral Springs Florida

City & State

Coral Springs Florida

Zip
33067

Country

USA

Zip
33067

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/2011

5. FEI Number

27-5002045

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

NO

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Miklos Nyusa

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

8165 NW. 47th Drive

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33067

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 4/29/2020

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	Miklos Nyusa	8165 NW 47th Dr.	Coral Springs FL 33067
	JUN 11 2020 R. HUNT	REINSTATEMENT	

10. E-mail Address: Mick.CleavChoice@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2020

Date

561-901-011

Daytime Phone #

Florida Department of State

DIVISION OF CORPORATIONS

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Florida Profit Corporation

CLEAR CHOICE SHOWER DOORS, INC.

Filing Information

Document Number	P11000015157
FEI/EIN Number	27-5002045
Date Filed	02/11/2011
State	FL
Status	INACTIVE
Last Event	ADMIN DISSOLUTION FOR REGISTERED AGENT
Event Date Filed	02/08/2019
Event Effective Date	NONE

Principal Address8646 VIA ANCHO ROAD
BOCA RATON, FL 33433**Mailing Address**8646 VIA ANCHO ROAD
BOCA RATON, FL 33433**Registered Agent Name & Address**NYUSA, MIKLOS
4646 VIA ANCHO ROAD
BOCA RATON, FL 33433

Name Changed: 02/17/2011

Officer/Director Detail**Name & Address**

Title P

NYUSA, MIKLOS
8646 VIA ANCHO ROAD
BOCA RATON, FL 33433**Annual Reports**

Report Year	Filed Date
2016	04/27/2016
2017	04/28/2017
2018	05/01/2018