

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P13035

1. Corporation Name

Clipping Bureau of Florida Inc.

2. Principal Office Address

436 East Shore Drive

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33767

Country

USA

3. Mailing Office Address

PO Box 3129

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33767

Country

USA

FILED

06 DEC -1 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT *side*

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida 1/28/1987

5. FEL Number  
47-0552192

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

Robert H. Cole, Jr.

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

436 East Shore Drive

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33767

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

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
PTD	Cole, Robert H. Jr.	860 Eldorado Avenue	Clearwater, FL 33767
VSD	Cole, Sandra K.	860 Eldorado Avenue	Clearwater, FL 33767

300092214073  
12/01/06--01055--001 \*\*900.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT COLE

11/24/06

Date

(727)  
441-4101

Daytime Phone #