

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 DEC 31 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P92000009180

**1. Corporation Name**

**CLERMONT CORPORATION OF SOUTH FLORIDA, INC.**

**2. Principal Office Address**

**3. Mailing Office Address**

**1400 Centrepark Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1000**

City & State

City & State

**West Palm Beach, FL**

Zip

Country

Zip

Country

**33401**

**REINSTATEMENT 94-01**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**12/01/92**

**5. FEI Number**

☒ 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 **John F. Mariani, Esquire**

**Levy, Kneen, Mariani, Curtin, Kornfeld & Del Russo**

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

**1400 Centrepark Boulevard**

**500004781195-0**

Suite, Apt. #, Etc.

**Suite 1000**

01/17/02 01024 012

\*\*\*1800.00 \*\*\*1800.00

City

**West Palm Beach**

State

**FL**

Zip Code

**33401**

**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

*John Mariani*  
REGISTERED AGENT MUST SIGN

Date **11/30/01**

**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
D	Kevin Murphy	1480 Riverside Dr., #1401	Ottawa, Canada K1GH2

**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 under section 119.07(3)(f), 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:**

*Kevin Murphy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11/30/2001**

Daytime Phone #

**013 521 0504**