

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 NOV -8 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000033415**

1. Corporation Name

C L & B ADVERTISING GROUP, INC.

Principal Place of Business

Mailing Address

2701 PONCE DE LEON BLVD
SUITE 202
CORAL GABLES FL 33134
US

2701 PONCE DE LEON BLVD
SUITE 202
CORAL GABLES FL 33134
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

WILLIAM CASTANO

1517 PALANCIA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL GABLES

Zip **33146**

Country

Zip

33146

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1993

5. FEI Number

65-0426370

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
P	CATANO, WILLIAM	13778 SW 145TH STREET	MIAMI FL
S	LONGAS, DORA LUZ	13778 SW 145TH STREET	MIAMI FL
P	Castano, William	1517 Palancia Ave	Com / Gables, FL 33146
S	Longas, Dora-luz	1517 Palancia Ave	Com / Gables, FL 33146

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASTANO, WILLIAM
13778 SW 145TH ST
MIAMI FL 33186

Name
William Castano
Street Address (P.O. Box Number is Not Acceptable)
1517 PALANCIA AV.
Suite, Apt. #, Etc.

City **CORAL GABLES FL** State **FL** Zip Code **33146**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date **11-06-00**

REGISTERED AGENT MUST SIGN

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., 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)(i), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-06-00

Date

Daytime Phone #

CR25640 (8/00)