

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

00 JUL 27 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P93000067565

1. Corporation Name

CLAUDE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

2500 Hollywood Blvd  
Suite 212

2500 Hollywood Blvd.  
Suite 212

Hollywood, FL 33020

Hollywood, FL 33020

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

2611 N. Ocean Dr.

2611 N. Ocean Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33019

Country

Broward

Zip

33019

Country

Broward

**REINSTATEMENT**

99-50

Date Incorporated or Qualified  
To Do Business in Florida

09/28/1993

5. FEI Number

65-0444257

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPST	Claude Trudeau	96 St. Charles	St. Jean, QC
			J3B 2C1 Canada

600003354276-6  
-08/11/00--01096--001  
\*\*\*\*\*900.00 \*\*\*\*\*900.00

8. Name and Address of Current Registered Agent

Ross Manella  
2500 Hollywood Blvd.  
Suite 212  
Hollywood, FL 33020

9. Name and Address of New Registered Agent:

LS

Name  
Patrick Vivies  
Street Address (P.O. Box Number is Not Acceptable)  
700 E. Dania Beach Blvd.  
Suite, Apt. #, Etc.  
Suite 202  
City  
Dania

State  
FL

Zip Code  
33004

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]*

REGISTERED AGENT MUST SIGN

Date

5/23/2000

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/23/2000

Date

Daytime Phone #

CR2E081 (12/98)