

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 18 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000066443

1. Corporation Name

CLIFFWOOD PROPERTIES, INC.

2. Principal Office Address

4669 Southwest Freeway

3. Mailing Office Address

4669 Southwest Freeway

Suite, Apt. #, etc.

Suite 700

Suite, Apt. #, etc.

Suite 700

City & State

Houston, Texas

City & State

Houston, Texas

Zip

77027

Country

USA

Zip

77027

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1994

5. FEI Number

59-3268192

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

Dymond, William T., Jr.

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

215 North Eola Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

William T. Dymond, Jr.

Date **12/17/03**

William T. Dymond, Jr. 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
D	Mitzner, David	4669 Southwest Freeway Suite 700	Houston, Texas 77027
D	Mitzner, Ira	4669 Southwest Freeway Suite 700	Houston, Texas 77027

10. I certify that I am an officer or director of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRA MITZNER, DIRECTOR

Date

12/17/03

Daytime Phone #