

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 AUG 24 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000079734

1. Corporation Name

C.L.L. CORPORATION

2. Principal Office Address

300 Alton Road

Suite, Apt. #, etc.

Suite #303

City & State

Miami Beach, FL

Zip

33139

Country

US

3. Mailing Office Address

300 Alton Road

Suite, Apt. #, etc.

Suite #303

City & State

Miami Beach, FL

Zip

33139

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/1994

5. FEI Number

65-0529565

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 W. Christoph

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

300 Alton Road

Suite, Apt. #, Etc.

Suite #303

City

Miami Beach

State

FL

Zip Code

33139

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

Robert W. Christoph
REGISTERED AGENT MUST SIGN

Date August 23, 2006

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/P/ S/T	Robert W. Christoph	300 Alton Road, Suite #303	Miami Beach, FL 33139

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:

Robert W. Christoph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT W. CHRISTOPH 8/23/06 ()

Date

Daytime Phone #