

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA5000027305

1. Corporation Name

CLAUDIOGO, INC.

FILED

97 JUN 18 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1221 Brickell Avenue
Suite L110
Miami, FL 33131

same

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

465 S. Shore Drive

Miami Beach, FL

33141

USA

4. Date Incorporated or Qualified
To Do Business in Florida

April 3, 1995

5. FEI Number

650-0576063

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres	<u>Diego Garcia</u>	<u>465 S. Shore Drive</u> <u>Miami Beach, FL 33141</u>	
V-Pres	<u>Claudia Garcia</u>	<u>465 S. Shore Drive</u> <u>Miami Beach, FL 33141</u>	
			<u>000002217634--7</u> <u>-06/19/97--0115--010</u> <u>*****8.75 *****8.75</u>
			<u>400002217634--7</u> <u>-06/19/97--0115--011</u> <u>*****15.00 *****15.00</u>
			<u>06/18/97</u>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Scott R. Jay
420 Lincoln Rd
Ste. 327
Miami Beach, FL 33139

Name Gary A. Levinson
Street Address (P.O. Box Number is Not Acceptable)
501 Brickell Avenue
Suite, Apt. #, Etc.
Ste. 400
City
Miami

State

Zip Code

FL

33131

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

REGISTERED AGENT MUST SIGN

Date 5/20/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/20/97 (305) 757-9537
Date Daytime Phone #

CR2E040 (12/96)