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## NG THIS FORM.

| PLEASE READ                                  | COMPLETING THIS F  |  |
|--|--|--|
| CORPORATION REINATATEMENT                    | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | SECRETAL<br>SECRETAL<br>DIVISION                               |
| DOCUMENT # P950000512                        | oi July i  |  |
| CLEARVIE                                     | TOWERS, INC.   |  |
| 2. Principal Office Address 4702 15th Avenue | 3. Mailing Office Address  4702 15th Avenue  |  |
| Suite, Apt. #, etc.                          | Suite, Apt. #, etc.  |  |
|  |  | 4. Date Incorporated or Qualified<br>To Do Business in Florida |
| City & State-                                | City & State   |  |

01 July 18 AM 10: 00

| Bro                        | oklyn,                            | NY 11219   | Brookly   | n, NY 1   | 1955                                      | 3. FEI NUME                                    |   | 7246                                  | Applied 1                                |  |
|----------------------------|-----------------------------------|--|---|---|---|--|---|---------------------------------------|--|--|
| Zip                        |                                   | Country  | Zip   |   | untry                                     |  | 65-060  | 77.340                                | Not Appli                                | caple                                  |
| 112                        | 19                                | ับร  | 11219   |   | บร  | 6.<br>CERTIFICAT                               | E OF STATI                                      |                                       | Additional Fee re<br>a Certificate of St |  |
| - <del></del>              |                                   | i  | <b>7.</b> Nar   | me and Addres                                     | ss of Current Req                         | istered Agent                                  |   |                                       |  |  |
|                            | Name                              | Dishaal A  | 171 7   |   | a   |  |   |                                       |  |  |
|                            | Street Add                        | tress (P.O. Box Number                               | Wood, Esq.  | C/O FOW   | ler White                                 | Burnett  | <del>, -, -, -, -, -, -, -, -, -, -, -, -</del> | <del> </del>                          |  |  |
|                            | <u> </u>                          |  | nd Street, 17   | th Floor  | •<br>•                                    |  |   |                                       |  |  |
|                            | Suite, Apt                        | . #, Etc.  |   | and the second                                    |   |  |   |                                       |  | ـــ ــــــــــــــــــــــــــــــــــ |
| 45 T                       | City                              |  |   |   |   |  | State   | Zip Code                              |  |  |
|                            | <u>L</u>                          | Miami  |   |   |   |  | FL  | 33131                                 | I  |  |
| 8. I, being                | appointed the                     | e registered agent of th                             | e above named corporat  | tion, em familia                                  | r with and accept i                       | he obligations of sect                         | ion 607.05                                      | )5 or 617.0503, F.S.                  |  |  |
| Signature of<br>Registered |                                   |  |   | / ) A   |   |  | Date  | 6/19/11                               | •  |  |
| -                          |                                   | 4  | REGISTERED AGEN   | NT MUST SIGN                                      |   |  |   | <del>*/</del>                         |  |  |
| 9. Names                   | and Street A                      | ddresses of Each Offic                               | er and/or Director (Florid  | la nonprofit con                                  | porations must list                       | at least 3 directors)                          |   |                                       |  |  |
| Titles                     | Name of Officers and/or Directors |  | ctors   | Street Address of Each<br>Officer and/or Director |   | City / State / Zip                             |   |                                       |  |  |
| PLES                       | 617                               | ry अस्टि   | N   | 1426  | 22*1                                      | 5Y   | -BR   | ookryn                                | 141111                                   | 19                                     |
|                            |                                   |  |   |   | NN 184                                    |  |   | · · · · · · · · · · · · · · · · · · · |  |  |
|                            |                                   |  |   |   | 1.  |  |   | 08/02/010                             |  |  |
|                            |                                   |  |   |   | <del></del>                               | ···  | ļ !   | <u>****308.75</u>                     | ****308.                                 | <u>75 :</u>                            |
|                            |                                   |  |   |   |   |  | <u> </u>  |                                       |  |  |
| {                          |                                   |  |   |   |   |  |   | ]                                     |  |  |
|                            |                                   |  |   | <del></del>                                       |   | <del></del>                                    |   | MW                                    |  | <del></del>                            |
| this rein<br>owed by       | statement ap<br>y the corpora     | oplication, the reason fo<br>tion have been paid and | receiver or trustee empor<br>r dissolution has been eli<br>the names of individual<br>my signature shall have | iminated, the co<br>is listed on this !           | orporate name sati<br>form do not qualify | sfies the requirements<br>for an exemption und | of section                                      | 607.0401 or 617.040°                  | i. F.S., that all fee                    | 35                                     |
| SIGNAT                     | URE:                              | Hitty 9  | R PRINTED NAME OF SIG   | G 17  | N STEW                                    | yes 6  | VS of   | 718 V                                 | 354481                                   | <u>၁</u>                               |



## CLEARVIEW TOWERS, INC.

4702 | 5th Avenue Brookyln, New York | | 219

June 19, 2001

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Glearview-Towers, Inc.

## Gentlemen:

In accordance with your instructions, enclosed herewith please find our check in the amount of \$308.75 payable to the Division of Corporations representing \$300.00 for the corporate annual filing fees for years 2000 and 2001 and \$8.75 for a certificate of Good Standing. We are also enclosing a completed 2001 Uniform Business Report in connection with the filing.

Please be advised that the 2000 and 2001 reports were never received by the undersigned. This letter-shall-serve as our-request-that-all-late-fees be waived due to the lack of delivery of the reports to our attention. We understand that, should a waiver be granted, it is an accommodation which will only be granted one (1) time. We would appreciate your consideration in waiving such fees, as the reports were never received by the undersigned.

Thank you for your kind consideration to our request and we look forward to your favorable reply.

Very truly yours,

CLEARVIEW TOWERS, INC., a Florida corporation

By <u>Hitty Stern</u> 61TTY STERN, President

Enclosure [omb] H:\CLEARVIE.STA {6/19/1-10:39}

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