

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P95000063600

1. Corporation Name

CLIFTON VENTURES III, INC.

Principal Place of Business

355 NE 5 AVE STE 4  
DELRAY BCH FL 33483

Mailing Address

355 NE 5 AVE STE 4  
DELRAY BCH FL 33483

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/16/1995

5. FEI Number

65-0605497

Applied For

Not Applicable

6. ~~Not required~~  
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 3	City / State / Zip 4
D	CARDER, MARTIN	355 NW 5TH AVE #4	DELRAY BEACH FL 33483
D	BINNS, PHILIP A	355 NW 5TH AVE #4	DELRAY BEACH FL 33483

8. Name and Address of Current Registered Agent

BURKDELL, JAYNE  
1400 CENTRE PARK BLVD  
STE 1000  
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

CHERYL SHEPLER

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

355 N.E. 4th Ave STR 2

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33462

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

*Cheryl Shepler*

Date

1/7/02

REGISTERED AGENT MUST SIGN

11. 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

*Philip A. Binns*

Date

1/7/02

Daytime Phone #

561-274-0070

CR2E040 (8/01)