

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 # **P95000082391**

1. Corporation Name

**CLOVERLEAF FINANCIAL SERVICES, INC.**

Principal Place of Business

7712 LEON AVENUE  
TEMPLE TERRACE FL 33637

Mailing Address

7712 LEON AVENUE  
TEMPLE TERRACE FL 33637

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

2. New Principal Office Address, If Applicable

~~11007 56th St. N.~~

Suite, Apt. #, etc. ~~Ste 212~~

City & State ~~Temple Terrace FL~~

Zip ~~33617~~ Country ~~Hillsborough~~

3. New Mailing Office Address, If Applicable

~~11007 56th St. N.~~

Suite, Apt. #, etc. ~~Ste 212~~

City & State ~~Temple Terrace FL~~

Zip ~~33617~~ Country ~~Hillsborough~~

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/1995

5. FEI Number

59-3341971

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MURPHY, MIKE	7712 LEON AVENUE	TEMPLE TERRACE FL 33637
STD	MIRANDA, ED	7712 LEON AVENUE	TEMPLE TERRACE FL 33637
PD	Mike Murphy	11007 56th St. N., Ste 212	Temple Terrace, FL 33617
STD	Ed Miranda	11007 56th St. N., Ste 212	Temple Terrace, FL 33617
	800002032128--9 -12/18/96--01028--010 ***375.00 ***375.00		

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

J.A. Diaz

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

21226 Mariner Place

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33549

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 12/13/96

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

12/2/96 (813) 987-2301

Date

Daytime Phone #