PLEASE READ ALL INS	TRUCTIONS	BEFORE C	COMPLETING THIS FORM.		
NSTATEIVIL	DA DEPARTME		FILE		
DOCUMENT # P. 96 00000 1168			97 APR -8 PN 2		
CLED SERVICES INC.			SECRETA	?: 04	
11661 NW. 32 MANOR 54N RISE FL. 3332Z Mailing Address Principal Place of Business			SECRETARY OF STATE	re	
			LORIJ)A	
-11462 S.W. 10TH COURT				in .	
FORT-LAUDERDACE, FL. 33325				MUR	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Mailing Address, If Applicable 3. New Principal Office Address, If Applicable			DO NOT WRITE IN THIS SPA	ICE	
Suite. Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida O I - O S	-96	
The state of the s			5. FEI Number	Applied For	
Crive State	Count	ru	65-063270.3	Not Applicable Additional Fee required	
33322 0.3.71.			for	a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Fig. Name of Officers and/or Directors)	Str	reet Address of Each			
1 2 3 (Do NOT Use Post Office Box Numbers) 4					
P 11661 NW 32 MANOR 510 RISE FL 33 322	7				
S CLAIBE CAQUETTE	11661 N	1 W. 32 M	1D M ANDR		
Eminio Choosen	JUN 117	35 FC. 3	5382		
	<u> </u>				
			700002139: -04/10/9701	3775	
		, , , , , , , , , , , , , , , , , , , ,	****165.00	****165.00	
		130.2			
9. Name and Address of Course Production		<u>, </u>			
8. Name and Address of Current Registered Agent Name Name		Name	9. Name and Address of New Registered Agent		
LEINARD CAOUETTE 11661 NW. 32 ND MANDR Street Address		Street Address (P.	O. Box Number is Not Acceptable)		
SUNRISE FL 33322		Sulte, Apt. #, Etc.			
34 11.36 16. 3332		City State Z-p Code			
10. I, being appointed the registered agent of the above named corpo	pration, am familiar wi	th and accept the obl	igations of Section 607.0505, F.S.	,	
Signature of Registered Agent X Seon and Luou REGISTERED AGE	ENT MUST SIGN		Date	97	
11. If this corporation is a non-profit with I	.R.S. 501(c)((3) tax exemp	pt status, check this box	(See other side for additional information.)	
12. Does this corporation pay any intang Dept. of Revenue under S. 199.032,	ible tax to th Florida Stati	e utes. Yes	No (See other side for on intangit		
13 I do hereby certify that the information supplied with this filing is viease the Division of Corporations from any liability of non-complia certify that I am an officer or director or the receiver or trustee en this reinstatement application the reason for dissolution has been fees owed by the corporation have been paid. The information in under oath.	npowered to execute	this application as p	rovided for in chapter 607 or 617, F.S. I further	certify that when filing	
SIGNATURE: X Lon and Cao SIGNATURE AND TYPED OR PRINTED NAME OF S	wette	IRECTOR		370-0160	

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FELAGE NEAD ALL ING	THOUTIONS BEFORE	COMPLETING THIS FUNIVI.		
FLORID	Furn			
DOCUMENT # P.96 00000 1168		1 1/28 - 0		
1. Corporation Name		SEORET	2: 04	
CLEO SERVICES INC		ALLAHASSA OF STA	·	
11661 NW. 32 NANOR 54N RISE FL. 33322 Mailing Address Principal Place of Business		SECRETARY OF STATE) k	
Mailing Address Principal Pla	ace of Business			
11462 S.W. 10TH COURT				
FORT-LAUDERDALE, F		mwa		
If above addresses are incorrect in any way, line through incorrect	information and enter correction below.	DO NOT WRITE IN THIS SPA	ACE	
2. New Mailing Address, If Applicable 3. New Principal Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida 01-05-96		
Suite, Apt. #, etc. Suite, Apt. 4	Suite. Apt. #, etc. Suite. Apt. #, etc.			
Criz & State City & State	<u>, , , , , , , , , , , , , , , , , , , </u>	5. FEI Number 65-063270.'3	Applied For	
SUNRISE HORIDA		6	Not Applicable	
33322 County S. A. Zip	Country		5 Additional Fee required r a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (F	lorida nonprofit corporations must list at le	east 3 directors)	,	
Name of Officers Title(s) and/or Directors	Street Address of Ear Officer and/or Direct		te / Zin	
1 2	3 (Do NOT Use Post Office Box	Numbers) 4	(6 / Zip	
P LEONARD CAUGETTE 11661 NW 32 MANOR SUN RISE FL 38 322				
	11661 NW. 32	MPMANDR		
5 CLAIRE CAOUETTE	11661 NW. 32 BUN RISE FL.	33322		
		700002139	3775	
	-04/10/9701076006 ****165-00 ****165-00			
	<u> </u>	*****105.00	4****203.00	
8. Name and Address of Current Registered Ag	gent	9. Name and Address of New Registered Agent		
Name		69		
LEONARD CAOUETTE Street Address (I				
11661 NW. 32" MANOR		P.O. Box Number is Not Acceptable)		
SUN RISE FL. 33322		Suite, Apt. #, Etc.		
City		State Zip Code		
10. I, being appointed the registered agent of the above named corp	poration, am familiar with and accept the			
Signature of	\mathcal{H}_{i}	201,	107	
Signature of Registered Agent X Seon and REGISTERED A	GENT MUST SIGN	Date		
,			(See other side for	
11. If this corporation is a non-profit with	I.R.S. 501(c)(3) tax exer	mpt status, check this box 🔃	additional information.)	
12. Does this corporation pay any intan	gible tax to the	r- (See other side	e for information	
Dept. of Revenue under S. 199.032	, Florida Statutes. Yes	No on intang	gible tax.)	
13 I do hereby certify that the information supplied with this filing is lease the Division of Corporations from any liability of non-comp	s voluntarily furnished and does not quali	ify for the exemption stated in Section 119.07(3)(k	c), Florida Statutes. I re-	
lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all				
fees owed by the corporation have been paid. The information under oath.	indicated on this application is true and	accurate, and my signature shall have the same	legal effect as if made	
SIGNATURE: X Neon and Ca	4-4	11/2	أصما	
SIGNATURE: X Mean and Coa	17.	4///97 4(0	-370-0160	