

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P.96 00000 1168

1. Corporation Name

CLEO SERVICES INC  
11661 NW. 32<sup>ND</sup> MANOR  
SUNRISE FL. 33322

Mailing Address

Principal Place of Business

~~11462 S.W. 10TH COURT  
FORT LAUDERDALE, FL 33325~~

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

2. New Mailing Address, If Applicable

11661 N.W. 32<sup>ND</sup> MANOR

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

SUNRISE FLORIDA

City & State

Zip  
33322

County  
D.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01-05-96

5. FEI Number

65-0632703

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
P	LEONARD CAQUETTE 11661 NW. 32 <sup>ND</sup> MANOR SUNRISE FL. 33322		
S	CLAIRE CAQUETTE	11661 NW. 32 <sup>ND</sup> MANOR SUNRISE FL. 33322	

700002139377--5

-04/10/97--01076--006

\*\*\*\*165.00 \*\*\*\*165.00

8. Name and Address of Current Registered Agent

LEONARD CAQUETTE  
11661 NW. 32<sup>ND</sup> MANOR  
SUNRISE FL. 33322

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

X Leonard Caquette

REGISTERED AGENT MUST SIGN

Date

4/1/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

X Leonard Caquette


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/97 954-370-0160

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center;"> <div style="text-align: center; width: 10%;">  </div> <div style="margin-left: 10px;"> <b>FLORIDA DEPARTMENT OF STATE</b>              DIVISION OF CORPORATIONS           </div> </div>		<div style="font-size: 2em; font-weight: bold;">1997 R/R</div> <div style="text-align: center; margin-top: 10px;"> <b>FILED</b>              97 APR -8 PM 2:04              SECRETARY OF STATE              TALLAHASSEE, FLORIDA           </div> <div style="text-align: right; margin-top: 20px;">mwr</div>	
<b>DOCUMENT #</b> P.96 00000 1168			
<b>1. Corporation Name</b> CLEO SERVICES INC 11661 NW. 32 <sup>ND</sup> MANOR SUN RISE FL. 33322			
<b>Mailing Address</b> <del>11462 S.W. 10TH COURT</del> <del>FORT LAUDERDALE, FL. 33325</del>		<b>Principal Place of Business</b>	
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>			
<b>2. New Mailing Address, If Applicable</b> 11661 N.W. 32 <sup>ND</sup> MANOR		<b>3. New Principal Office Address, If Applicable</b>	
<b>Suite, Apt. #, etc.</b>		<b>Suite, Apt. #, etc.</b>	
<b>City &amp; State</b> SUNRISE FLORIDA		<b>City &amp; State</b>	
<b>Zip</b> 33322	<b>County</b> D.S.A.	<b>Zip</b>	<b>Country</b>
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 01-05-96	
		<b>5. FEI Number</b> 65-0632703	<b>Applied For</b> <input type="checkbox"/> Not Applicable
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<b>7. Names and Street Addresses of Each Officer and/or Director</b> (Florida nonprofit corporations must list at least 3 directors)			
<b>Title(s)</b> 1	<b>2. Name of Officers and/or Directors</b>	<b>3. Street Address of Each Officer and/or Director</b> <small>(Do NOT Use Post Office Box Numbers)</small>	<b>4. City / State / Zip</b>
P	LEONARD CAQUETTE 11661 NW. 32 <sup>ND</sup> MANOR SUN RISE FL. 33322	11661 NW. 32 <sup>ND</sup> MANOR SUN RISE FL. 33322	
S	CLAIRE CAQUETTE		
			<b>700002139377--5</b> <b>-04/10/97--01076--006</b> <b>****165.00 ****165.00</b>
<b>8. Name and Address of Current Registered Agent</b> LEONARD CAQUETTE 11661 NW. 32 <sup>ND</sup> MANOR SUN RISE FL. 33322		<b>9. Name and Address of New Registered Agent</b>	
		<b>Name</b>	
		<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
		<b>Suite, Apt. #, Etc.</b>	
		<b>City</b>	<b>State</b> FL <b>Zip Code</b>
<b>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.</b>			
<b>Signature of Registered Agent</b> <i>Leonard Caquette</i>		<b>Date</b> 4/1/97	
REGISTERED AGENT MUST SIGN			
<b>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box</b> <input type="checkbox"/> (See other side for additional information.)			
<b>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
<b>13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>			
<b>SIGNATURE:</b> <i>Leonard Caquette</i>		<b>Date</b> 4/1/97 <b>Daytime Phone #</b> 954-370-0160	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CP2E040 (6/94)