

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC -1 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000036255**

1. Corporation Name

CLAURO ENTERPRISES, INC.

Principal Place of Business

1844 N. NOB HILL ROAD
SUITE 212
PLANTATION FL 33322

Mailing Address

1844 N. NOB HILL ROAD
SUITE 212
PLANTATION FL 33322

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

04/26/1996

5. FEI Number

65-0672373

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	4 City / State / Zip
PD	COLLARETA, LINDA	741 HERON ROAD	WESTON FL 33326
SEC	RUPCICN, RICARDO	741 HERON ROAD	WESTON FL 33326

700025128157
12/01/03--01073--015 **750.00

8. Name and Address of Current Registered Agent

ANTONIA CANERD PD
1200 BRICKELL AVE STE 1250
SUITE 300
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

RICARDO RUPCICH

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

741 HERON RD

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

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. or 617.0505, F.S.

Signature of
Registered Agent

Antonia Canerd

REGISTERED AGENT MUST SIGN

Date

11/17/03

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/00)