

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 # P96000053894

1. Corporation Name

CLEVERWEB ENTERPRISES, INC.

Principal Place of Business

**1044 S MILITARY TRAIL, #107
DEERFIELD BEACH FL 33442**

Mailing Address

**1044 S MILITARY TRAIL, #107
DEERFIELD BEACH FL 33442**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0683150

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	ABRIDI, MOUNIR	1044 S MILITARY TRAIL, #107	DEERFIELD BEACH FL 33442
VD	KERFATI, AHMED	1044 S MILITARY TRAIL, #107	DEERFIELD BEACH FL 33442
TD	FILALI, ILHAM	1044 S MILITARY TRAIL, #107	DEERFIELD BEACH FL 33442
SD	ROCHDI, MONIA	1044 S MILITARY TRAIL, #107	DEERFIELD BEACH FL 33442

8. Name and Address of Current Registered Agent

**KERFATI, AHMED
1044 S MILITARY TRAIL, #107
DEERFIELD BEACH FL 33442**

9. Name and Address of New Registered Agent

Name

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

300002358099--7

Suite, Apt. #, Etc.

-11/26/97--01087--008

******165.00 ****165.00**

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

THE REGISTERED AGENT MUST SIGN

Date **11-03-97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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

AHMED KERFATI VD 11-03-97 954-419-9345

Date

Daytime Phone #

CP25000 (8/97)

CleverWeb Enterprises, Inc

**1044 S. Military Trail #107
Deerfield Beach, FL 33442
Telephone: (954) 419-9345**

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November 18, 1997

Department of State
Division of Corporations
Reinstatement Dept.
P.O. Box 6327
Tallahassee, FL 32314
Telephone: (850) 487-6059

Dear Sir or Madam:

As suggested by your letter #797A00053915, this is a statement from CleverWeb Enterprises, Inc. that we have not received the previous annual report notices. We are sorry for not stating this fact clearly in the previous letter. So please grant a waiver for the reinstatement fee for CLEVERWEB ENTERPRISES, INC.

Sincerely,

A handwritten signature in black ink, consisting of a stylized 'A' followed by a horizontal line and a small flourish.

Ahmed Kerfati
Vice president