

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 16 PM 3:14

DOCUMENT # P97000014322

1. Corporation Name

CLEARVIEW COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

3262 SOUTHWEST 139TH PLACE  
MIAMI FL 33175-6765

3262 SOUTHWEST 139TH PLACE  
MIAMI FL 33175-6765

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

CLEARVIEW COMMUNICATIONS  
P.O. Box 832831  
MIAMI FLORIDA  
33283-831 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/11/1997

5. FEI Number

65-0747383

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	FERNANDEZ, ROSS	3262 SOUTHWEST 139TH PLACE	MIAMI FL 33175
VSD	FERNANDEZ, DAISY B	3262 SOUTHWEST 139TH PLACE	MIAMI FL 33175
			300003436493--2 -10/24/00--01041--023 *****758.75 *****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERNANDEZ, ROSS  
3262 SOUTHWEST 139TH PLACE  
MIAMI FL 33175-6765

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

REGISTERED AGENT MUST SIGN

Date 10/12/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ross Fernandez

10/12/00 (305) 223-0717

Date

Daytime Phone #

CR2E040 (8/00)