

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED

01 MAR 13 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000080739

1. Corporation Name

CLS ENTERPRISES INTERNATIONAL INC.

2. Principal Office Address

2301 NE 17 PLACE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

Zip

34470

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/17/97

5. FEI Number

650781164

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name

DEREK MINETTI

000003887730-4

-03/20/01-01029-001

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

2301 NE 17 PLACE

\*\*\*\*300.00 \*\*\*\*300.00

Suite, Apt. #, Etc.

105

City

OCALA

State

FL

Zip Code

34470

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

[Signature]

Date 1/27/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	DEREK MINETTI	2301 NE 17 PLACE #105	OCALA FL 34470

10. 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

1/27/01

Date

352 369 0177

Daytime Phone #

CR2E081 (9/00)