

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 # **P97000089629**

1. Corporation Name

CLEO REALTY, INC.

Principal Place of Business

Mailing Address

~~684 BONTANA AVE~~
~~FT. LAUDERDALE FL 33301~~

~~334 BONTANA AVE~~
~~FT. LAUDERDALE FL 33301~~

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

2. New Principal Office Address, If Applicable c/o Kathryn M. Cook Suite, Apt. #, etc. 11 Graystone Way City & State Southboro MA Zip 01772 Country USA		3. New Mailing Office Address, If Applicable c/o Kathryn M. Cook Suite, Apt. #, etc. 11 Graystone Way City & State Southboro MA Zip 01772 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 10/17/1997	
5. FEI Number 65-0789588	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
D/P	Morris M. Rand	11 Graystone Way	Southboro MA 01772
VP	Kathryn M. Cook	11 Graystone Way	Southboro MA 01772
VP	Deborah M. Rand-Bial	21 Hemlock Terrace	Randolph MA 02368
S/T	Mark Ruelle	28 Pond Street	Nashua NH 02060
400002756064--4			

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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	
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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  **Karen B. Rozar, As Its Agent**
REGISTERED AGENT MUST SIGN

Date _____

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. **NOV 15 1997**
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
Kathryn M. Cook, Vice President

Date

(508) 626-9388
Daytime Phone #

CR2E040 (9/96)