	DI EAGE DEAD	NI INOT	DUOTIONO	DEEODE (INC THE FORM			
BENST	PLEASE READ A		A DE AFTME anura e Mor Surva N (S	BEFORE (NT OF STATE tham state RATIONS	7	ING THIS FORM.			
DOCUM	MENT # PORODOSS	FILED							
DOCUMENT # P98000022059 1. Corporation Name						99 JUL 22 Pii 6: 22			
C.L.S.D., INCORPORATED						SEGNETANT OF STATE TALLAMASSEE, FLORIDA			
•		TALLAHASSEE, FLORIDA							
Principal Place	of Business								
4833 N.E. 23 Ave. Ft. Lauderdale, FL 33308-4734 4833 N.E. 23 Ave. Fort Lauderdale, FL 33308-4734						5000029525750 -08/06/9901058002 ****550,00 ****550,00			
2. New Principa	sses are incorrect in any way, line thro at Office Address, If Applicable	3. New Mailir	ng Office Address, If	Applicable		orated or Qualified	***************************************		
2400 NE Suite, Apt. #, etc	25 Place, #2	915 M1 Suite, Apt. #,	ddle River	Drive		ness in Florida 3/9/98	3		
City & State_	uderdale, FL	Suit City & State	5. FEI Number (05-08210)			_	Applied For Not Applicable		
1	Uderdale, FL Country	Fort La	uderdale, l	country 6. S8.75			Additional Fee required		
Z _{iρ} 33305	USA Officer and/o	33304		JSA	<u> </u>	for	a Certificate of Status		
Title(s)	(s) and/or Directors			eet Address of Each icer and/or Director se Post Office Box N	City / State / Zip				
P/D Dourghal, Shabaan			2400 NE 2	Place, #	2	Ft. Lauderdale,	FL 33305		
VP/S/D Lei	S/D Lemmons, Clifford			5 Place, #	2	Ft. Lauderdale,	FL 33305		
	·								
							SP		
	8. Name and Address of Current R	egistered Ager	nt	Name	9. Name and Address of New Registered Agent				
	Graham, Esq. t Prospect Road				M. Karney P.O. Box Number is Not Acceptable) ile River Drive, Suite 506				
	Park, FL 33334		915 Middle River Drive, Suite 506 Suite Apt #, Etc.						
				City Fort La	uderdale	State FL	Zip Code 33304		
10. I, being app	ointed the registered agent of the above	e named corpor	ration, am familiar wit				33304		
Signature of Registered Ager	NX William	SISTERED AGE	Karner ENT MUST SIGN	.		Date 7/14/99			
	corporation owes or ha gible Personal Property			r Yes 🗖	No 🗵	(See other side f			
this reinstate owed by the	I am an officer or director or the receive ment application, the reason for dissolu- corporation have been paid and the na cation is true and accurate, and my sign	ution has been e ames of individu	eliminated, the corpo- als listed on this form	rate name satisfies n do not qualify for :	the requirements an exemption und oath.	of section 607.0401 or 617.0401 der section 119.07(3)(i), F.S. The	, F.S., that all fees information indicated		
SIGNATUR	E: STONA TORE AND TYPED OF PRINT	AMA P	GNING OFFICER OR D	14hal	٠.	7/12/199 Date Daylin	565-1842		

					-	
APPLICATION FOR REINSTATEMENT	ALL INSTRUCTIONS FLORIDA DEPARTME Sandra B. Mor Secretary of S DIVISION OF CORPO	NT OF STATE rtham State	OMPLEH	NG THIS FURIVI.		
DOCUMENT # P98000022						
C.L.S.D., INCORPORATED						
Principal Place of Business	Mailing Address					
4833 N.E. 23 Ave. 4 Ft. Lauderdale, FL E 33308-4734						
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable	3. New Mailing Office Address, H	Applicable	Date Incorpo	rated or Qualified		
2400 NE 25 Place, #2 Suite Apt #. etc	915 Middle River Suite, Apt. #, etc.	Drive		ess in Florida 3/9/98	ı ·	
City & State Fort Lauderdale, FL	Suite 506 City & State		5. FEI Number	821621	Applied For Not Applicable	
Zip Country	Fort Lauderdale, Zip Countr	у	6.	\$8.75 Addition	nal Fee required	
33305 USA 7. Names and Street Addresses of Each Olficer and/s		USA ations must list at leas		(a) a Centir	ICATE OF STATUS	
Title(s) 1 Name of Officers and/or Directors	Str	eel Address of Each ficer and/or Director se Post Office Box Nu		City / State / Zip		
P/D Dourghal, Shabaan	2400 NE 2	5 Place, #2		Ft. Lauderdale, FL	33305	
VP/S/D Lemmons, Clifford	2400 NE 2	5 Place, #2		Ft. Lauderdale, FL	33305	
8. Name and Address of Current R	egistered Agént	<u> </u>	9. Name and A	ddress of New Registered Agent	»	
Maurice Graham, Esq. 337 East Prospect Road Oakland Park, FL 33334		Name William M. Karney Street Address (P.O. Box Number is Not Acceptable) 915 Middle River Drive, Suite 506 Suite, Apt. *, Etc. City State Zip Code				
10. I, being appointed the registered agent of the abov	e named corporation, am familiar wi	Fort Lau		 FL 333		
Signature of Registered Agent X William		The area decept the don	Date 7/14/99			
 This corporation owes or ha Intangible Personal Property 	s paid the current yea tax due June 30.	Yes 🗆	No 🗵	(See other side for inlori on inlangible tax)		
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolved by the corporation have been paid and the nation this application is true and accurate, and my sign	ution has been etiminated, the corpo imes of individuals listed on this forr	rate name satisfies th n do not qualify for ar	ne requirements on exemption under path.	I section 607.0401 or 617.0401 F.S., I	that all fees ation indicated	
SIGNATURE: X MANAGE AND TYPED OF PRIN	CILLIA TO LOTTE OFFICER OF DURANGE	Aghal. Arector	• • • • • • • • • • • • • • • • • • •	7 17 17 565 Date Daytime Phone	1-1842	