

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Pamela Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000022059

1. Corporation Name

C.L.S.D., INCORPORATED

Principal Place of Business

Mailing Address

4833 N.E. 23 Ave.
 Ft. Lauderdale, FL
 33308-4734

4833 N.E. 23 Ave.
 Fort Lauderdale, FL
 33308-4734

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

2. New Principal Office Address, If Applicable

2400 NE 25 Place, #2

Suite, Apt. #, etc.

City & State
 Fort Lauderdale, FL

Zip
 33305

Country
 USA

3. New Mailing Office Address, If Applicable

915 Middle River Drive

Suite, Apt. #, etc.

Suite 506

City & State
 Fort Lauderdale, FL

Zip
 33304

Country
 USA

4. Date Incorporated or Qualified To Do Business in Florida

3/9/98

5. FEI Number

65-0821621

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)

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
P/D	Dourghal, Shabaan	2400 NE 25 Place, #2	Ft. Lauderdale, FL 33305
VP/S/D	Lemmons, Clifford	2400 NE 25 Place, #2	Ft. Lauderdale, FL 33305
			SP

8. Name and Address of Current Registered Agent

Maurice Graham, Esq.
 337 East Prospect Road
 Oakland Park, FL 33334

9. Name and Address of New Registered Agent

Name

William M. Karney

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

915 Middle River Drive, Suite 506

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33304

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

William M. Karney
 REGISTERED AGENT MUST SIGN

Date 7/14/99

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:

Shabaan K. Dourghal
 J. Shabaan K. Dourghal

Date

Daytime Phone #

07/14/99 (954) 565-41842

CR20040 (1/98)

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FOR
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Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

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07/14/99
Date

**(954)
565-41842**
Daytime Phone #