

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 26 PM 4:07

DOCUMENT # P98000022567

1. Corporation Name

CLAUFER INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

501 BONGE DE LEON BLVD.  
SUITE #601  
CORAL GABLES FL 33134

501 BONGE DE LEON BLVD.  
SUITE #601  
CORAL GABLES FL 33134

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

2. New Principal Office Address, If Applicable  
701 Crandon Blvd.

Suite, Apt. #, etc.  
No. 301

City & State  
Key Biscayne, Fl.

Zip  
33149

Country  
USA

3. New Mailing Office Address, If Applicable  
Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/10/1998

5. FEI Number

65-0859963

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	4 City / State / Zip
D	HENAO, ALFREDO	<del>701 CRANDON BLVD.</del> 701 Crandon Blvd. #301	<del>33149</del> Key Biscayne, Fl. 33149

8. Name and Address of Current Registered Agent

DE LA CRUZ, CLAUDIA

~~701 CRANDON BLVD.~~  
701 Crandon Blvd. #301  
KEY BISCAYNE FL 33149

9. Name and Address of New Registered Agent

Name

Claudia de la Cruz

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

701 Crandon Blvd.

Suite, Apt. #, Etc.

Apt. No. 301

City

Key Biscayne, Fl.

State

FL

Zip Code

33149

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

*Claudia de la Cruz*  
REGISTERED AGENT MUST SIGN

Date 10-24-00

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

Date

Daytime Phone #

10-24-00 - 305-9866055