

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 APR 12 AM 10:39

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000027142

1. Corporation Name

Clarobnik, Inc.

100097356391
04/18/07--01038--003 **600.00

2. Principal Office Address - No P.O. Box #

1 BEACH DRIVE S.E.

3. Mailing Office Address

1 BEACH DRIVE S.E.

Suite, Apt. #, etc.
#220

Suite, Apt. #, etc.
#220

CR2E081 (1/07)

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33701

Country

US

Zip

33701

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

3/19/99

5. FEI Number

593580306

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

PETER T. HOFSTRA

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

8640 SEMINOLE BOULEVARD

Suite, Apt. #, Etc.

City

SEMINOLE

State

FL

Zip Code

33772

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

REGISTERED AGENT MUST SIGN

Date

4/10/07

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
DP	MARGARET GALAN	37 TOWN GREEN FARMHOUSE ORWELL NR, ROYSTON	HERTSFORDSHIRE ENGLAND SG85QL OC

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 contained in Chapter 119, 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 #

April 5th 2007 0144 002226757