

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 26 PM 3:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000055166

1. Corporation Name

20 CLARKE PLACE REALTY CORP.

Principal Place of Business

2030 S. OCEAN DR., STE. 408
HALLANDALE FL 33009

Mailing Address

2030 S. OCEAN DR., STE. 408
HALLANDALE FL 33009



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

11-2644359

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D.P.S.	GANIS, EVA	2030 S. OCEAN DR., STE. 480	HALLANDALE FL 33009
			200003523822--7 -01/04/01--01097--019 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Eva Ganis
Street Address (P.O. Box Number is Not Acceptable)
20 - 30 South Ocean Drive
Suite, Apt. #, Etc.
Suite 408
City
Hallendale
State
FL
Zip Code
33009

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 * Eva Ganis **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 12/19/00

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: * Eva Ganis **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

(954)456-1142
12/19/00

Daytime Phone # KE