

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 11 PM 4:00

DOCUMENT # 519248

W22-4206

1. Corporation Name

LEISUR LIVING OF CLERWATER, INC.
5912 106TH TERRACE N.
PINELLAS PARK, FL 33782

800005024898--0
-02/27/02--01087--026 1350
***1350.00 ***270.00

2. Principal Office Address

5912 106TH TERR. N

Suite, Apt. #, etc.

City & State

PINELLAS PARK FL.

Zip
33782

Country
PINELLAS

3. Mailing Office Address

5912 106TH TERR N.

Suite, Apt. #, etc.

City & State

PINELLAS PARK, FL

Zip
33782

Country
PINELLAS

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-18-1990

5. FEI Number

650321747

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MATAWARAN, JOSE F.

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

5912 106TH TERRACE N.

Suite, Apt. #, Etc.

City

PINELLAS PARK

State

FL

Zip Code

33782

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

Jose F. Matawaran

Date 2-8-02

REGISTERED AGENT MUST SIGN

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
<u>P/T</u>	<u>MATAWARAN, JOSE F.</u>	<u>5912 106TH TERR. N.</u>	<u>PINELLAS PARK FL 33782</u>
<u>V</u>	<u>MATAWARAN, ROBERTO</u>	<u>1147 STIRLING DR.</u>	<u>RODEO, CA 94572</u>
<u>S</u>	<u>YCONG, ANNABELLE</u>	<u>5912 106TH TERR N</u>	<u>PINELLAS PARK FL 33782</u>
<u>D</u>	<u>MATAWARAN, JUNE</u>	<u>4336 PALMDALE DR.</u>	<u>PLANO, TX 75024</u>

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 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:

JOSE F. MATAWARAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-02 (727) 545-9412

Date

Daytime Phone #

CR2E081 (9/01)