

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S42052

1. Corporation Name

CLAREYN WAREHOUSING CORP.

Principal Place of Business

**375 NE 72 Terrace
Miami, FL 33138**

Mailing Address

**1000 W. Island Blvd.
Suite 2009
Miami, FL 33160**

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

2. New Principal Office Address, If Applicable
Same as Above

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable
Same as Above

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/1/91

5. FEI Number

65-0321699

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres./ Dir	Reynald Katz	1000 W. Island Blvd., #2009 Miami, FL 33160	33160
			300002572819--8 -06/25/98--01093--019 *****8.75 *****8.75
			300002572819--8 -06/25/98--01093--020 ***1050.00 ***1050.00

REINSTATEMENT

96-98

6/24

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Robert A. Kanziger, Esquire

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

9130 S. Dadeland Blvd.,

Suite, Apt. #, Etc.

Suite 1705

City

Miami,

State

FL

Zip Code

33156

10. 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

[Signature]
REGISTERED AGENT MUST SIGN

Date

6/14/98

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REYNALD KATZ

6-11-98

Date

(305) 948-0111

Daytime Phone #