PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 OCT -2 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # S83428

1. Corporation Name
CLAMOR Impex, INC
~~214 NE~~

100002660541--9
-10/09/98--01065--001
****315.00 ****315.00

Principal Place of Business
214 NE 1st STREET
Miami, Florida 33132

Mailing Address

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 9/25/91

5. FEI Number 65-0285490 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PDT	SAM TODYWALA	214 NE 1ST Street	MIAMI, FLA 33132
SD	LYLA Todywala	214 NE 1st STreet	MIAMI, FLA 33132

10-2-98

8. Name and Address of Current Registered Agent
SAM Todywala
214 NE 1st Street
MIAMI, FLA 33132

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (1/96)

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 Sam Todywala REGISTERED AGENT MUST SIGN Date 9/28/98

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: Sam Todywala 9/28/98 (305)379-1701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SAm Todywala

PREPARED BY			
CHECKED BY			
APPROVED BY			

September 28, 1998

(2)

Division of Corporations
P.O. Box 6327
Tallahassee, Fla 32314

Gentlemen:

Enclosed please find an application for Annual Report and and a check in the amount of $315.00 for the renewal of the Annual Report.

I had Enquired about our Annual Report which was never received, was mailed out to a wrong address. I was told to file the new form and payment in the amount of $315.00.

This was not our fault that annual report was not filed. pt

Please correct the address in your record. pt

Please waive any additional charges because we sincerely believe that it was not our mistake.

We sincerely appreciate you accepting this application & also waiver of any additional charges. I am also enclosing the $150/- check. If incase you need that also.

Sincerely yours.

Sam Todywala.
President
CLAMOR Impex, Inc