


# M98000001215

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 07 APR 13 AM 9:0
<b>DOCUMENT # M98000001215</b> 1. Limited Liability Company's Name <b>Clearwater KM, LLC</b>				
2. Principal Office Address - No P.O. Box # <b>34555 Chagrin Boulevard</b> <small>Subs. Apt. #, etc.</small>		3. Mailing Office Address <b>34555 Chagrin Boulevard</b> <small>Subs. Apt. #, etc.</small>		
City & State <b>Moreland Hills, Ohio</b>		City & State <b>Moreland Hills, Ohio</b>		4. State/Country of Residence <b>Ohio</b>
Zip <b>44022</b>	Country <b>USA</b>	Zip <b>44022</b>	Country <b>USA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>10/19/1998</b>				6. FBI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				
8. Name and Address of Current Registered Agent <b>North CT Corporation System</b> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <b>1200 South Pine Island Road</b> <small>Subs. Apt. #, Etc.</small> City <b>Plantation</b> State <b>FL</b> Zip Code <b>44022</b>				<input type="checkbox"/> A \$100 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 \$100 reinstatement be waived.
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent: <i>[Signature]</i> <b>JOHN W. ALBERT</b> ASSISTANT SECRETARY Date: <b>4-12-2007</b> <small>REGISTERED AGENT MUST SIGN</small>				
10. Name and Street Address of Managing Members/Managers				
Title <b>Mgr</b>	Name of Managing Member/Managers <b>ISW Properties, Inc.</b>	Street Address of Each Managing Member/Manager <b>34555 Chagrin Boulevard</b>	City / State / Zip <b>Moreland Hills, Ohio 44022</b>	
<b>REINSTATEMENT</b> <i>[Handwritten initials]</i>				
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: <i>[Signature]</i> Date: <b>April 19, 2007</b> Day/Time Phone #: <b>440/277-6810</b> Typed or printed name of signing Managing Member/Manager: <b>Steven L. Marton, Secretary</b>				

BLT

Florida Department of State  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY REINSTATEMENT**

**CLEARWATER KM, LLC**

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