


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L01000010465			
1. Limited Liability Company's Name CLARK INTERNATIONAL CONSULTANTS, LLC			
2. Principal Office Address - No P.O. Box # 340 MACLAREN ST		3. Mailing Office Address 340 MACLAREN ST	
Suite, Apt. #, etc. SUITE 4		Suite, Apt. #, etc. SUITE 4	
City & State OTTAWA ON		City & State OTTAWA ON	
Zip K2P 0M6	Country CANADA	Zip K2P 0M6	Country CANADA
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 6/27/2001	
6. FEI Number 94-3410696		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name BRUNTON REGISTERED AGENTS INC.			
Street Address (P.O. Box Number is Not Acceptable) 4710 NW BOCA RATON BLVD, SUITE 100			
Suite, Apt. #, Etc.			
City BOCA RATON		State FL	Zip Code 33431
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent		Date 12/10/07	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CLARK, PETER	340 MACLAREN ST, #4	OTTAWA ON CANADA K2P0M6
MGRM	CLARK, NENITA	340 MACLAREN ST, #4	OTTAWA ON CANADA K2P0M6
REINSTATEMENT 07 GA 1/7			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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		Date 24 DEC 2007 Daytime Phone 1-613-238-7743	
Typed or printed name of signing Managing Member/Manager			