PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.	
LIMITED LIABILITY COMPANY REINSTATEMENT DOCUMENT # 1. Limited Liability Company's Name CLEAR ULS (IN MANA GEMENT, LCC FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS O1 NOV - 1 PM 12: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	•
2. Principal Office Address 4700 WEST LETINGER DER POINT 2. 4. State/Country of Formation	3
Suite, Apt. #, etc. Suite, Apt. #, etc. FLORINA / U. LA. 5. Date Organized or Qualified To Do Business in Florida Towe 16, 2000	or belonserables, the
CORAC VIRCOS, FLORUM / G. FEI Number Applied For INot Applicable :	-
2ip Country 7. CERTIFICATE OF STATUS DESIRED (3900 Additional Resonance of Status Desired (370 Certificate of Status Desired Of Status Des	
Street Address (P.O. Box Number is Not Acceptable) ONE FINANCIAL PIAZA, SUITE (\$10.00 *******5].00 Suite, Apt. #, Etc. City FORT LAW SMALE 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 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Street Address of Each Managing Members/Managers Titles Name of Managing Members/Managers Amanaging Members/Managers Amanaging Members/Managers Amanaging Members/Managers Amanaging Members/Managers City / State / Zip Recided KENNETH L. Johnston 4700 WEST LETNER DRUE CORML SPR WWW	- Paper - P Householder Bergeron - Land - Angel - Manager - P Land - Land - Angel - Manager - P Paper - P Pa
Servicia KIMBGRIEY D. TO WAST LEUMERRIJE CHEAR FRANCIU TREAGE KIMBGRIEY D. TO WAST LEUMERRIJE CHEAR FRANCIU FLORINA 33067	
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	State to the state of the state
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 0 4 23/01 Daytime Phone # 954-340-8064 Typed or printed name of signing Managing Member/Manager KENNETH JOHN Ston.	A PARTY AND THE PARTY OF THE PA