

APPROVAL
AND
FILED

10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PH 3:43
OCT 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000007928

1. Limited Liability Company's Name

CLOVERLEAF CAPITAL INTERNATIONAL I, LLC

REINSTATEMENT 2001

2. Principal Office Address

5780 GRANDE RESERVE WAY

Suite, Apt. #, etc.

UNIT 1401

City & State

NAPLES, FLORIDA

Zip

34110

Country

US

3. Mailing Office Address

5780 GRANDE RESERVE WAY

Suite, Apt. #, etc.

UNIT 1401

City & State

NAPLES, FLOIRDA

Zip

34110

Country

US

4. State/Country of Formation

FLORIDA/US

5. Date Organized or Qualified
To Do Business in Florida

7/6/2000

6. FEI Number

59-3657590

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

THOMAS J. CRANE

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

5780 GRANDE RESERVE WAY

Suite, Apt. #, Etc.

UNIT 1401

City

NAPLES,

State
FL

Zip Code
34110

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

THOMAS J. CRANE

Date 10/15/2001

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
Managing Member	THOMAS J. CRANE	5780 GRANDE RESERVE WAY, UNIT 1401	NAPLES, FL 34110

200004637312-0

10-15-01

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

THOMAS J. CRANE

Date 10/15/2001

Daytime Phone # 941-597-2670

Typed or printed name of signing Managing Member/Manager THOMAS J. CRANE



202

ACCOUNT NO. : 072100000032

REFERENCE : 949404 7210069

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pigato

ORDER DATE : October 15, 2001

ORDER TIME : 2:31 PM

ORDER NO. : 949404-005

CUSTOMER NO: 7210069

CUSTOMER: Thomas J. Crane, Esq
Thomas J. Crane, Esquire
Unit 1401
5780 Grande Reserve Way
Naples, FL 34110

RECEIVED
01 OCT 15 PM 3:12
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: CLOVERLEAF CAPITAL
INTERNATIONAL I, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS _____