## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY 2003 USC		Sec	PARTMENT OF STATE retary of State; of Corporations	03 APR 30 AM 9: 39  SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Limited l	JMENT # L0000000			ALLANASSEE, I LONDA
CLOV.	ERLEAF CAPITAL INTE	RNATIONAL I, LLC		
2. Principal Office Address		3. Mailing Office	Address	
5780 GRANDE RESERVE WAY		5780 GRAND	E RESERVE WAY	4. State/Country of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		PLORIDA/ US
UNIT 1401		UNIT 1401	<u></u>	. 5. Date Organized or Qualified To Do Business in Florida
City & State		City & State		07/06/2000 Applied For
	S, FLORIDA	NAPLES, FL	ORIDA	593657590 Not Applicable
Zip	Country	Zip	Country	7. CERTIFICATE OF STATUS DESIRED  55.00 Additional Fee requirer for a Certificate of Status
34110	UNITED STA		UNITED STATES  and Address of Current Register	<del></del>
Signature of	City NAPLES appointed the registered agent of	ERVE WAY	The state of the s	State Signature State Signature State Stat
Registered Agent		REGISTERED AGENT	MUST SIGN	Date
10. Name	s and Street Addresses of Manag	ing Members/Managers		
Titles	Name of Managing Members		Street Address of Eacl Managing Member/Mana	City / State / Zip
IGRM	THOMAS J. CRANE	578	30 Grande Reserve Way	age:
			:	7
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	17161		1972 mental responsible to the responsibility of the responsibilit	American description of the second of the se
filing thi all fees	is reinstatement application the re-	ason for dissolution has been	eliminated, the limited liability comp	lication as provided for in chapter 608, F.S. I further certify that when pany name satisfies the requirements of section 608,406, F.S., and that is true and accurate, and my signature shall have the same legal effect
Signature of Managing M	lember/Manager	Xm	- Date	2703 Daytime Phone #239 105 163

Typed or printed name of signing Managing Member/Manage) Thomas J. Crane, Managing Member

April 30, 2003

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AMANDA HADDAN CSC

SUBJECT: CLOVERLEAF CAPITAL INTERNATIONAL I, LLC

Ref. Number: L0000007928

We have received your document for CLOVERLEAF CAPITAL INTERNATIONAL I, LLC and the authorization to debit your account in the amount of \$50.00. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 703A00026351

Please give original submission date as file date.





03 APR 30 AM 9: 39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE: 054290

7210069

AUTHORIZATION

COST LIMIT : \$ 100.00

ORDER DATE: April 17, 2003

ORDER TIME : 12:38 PM

ORDER NO. : 054290-015

CUSTOMER NO: 7210069

CUSTOMER: Thomas J. Crane, Esq

Thomas J. Crane, Esquire

Unit 1401

5780 Grande Reserve Way

Naples, FL 34110

## DOMESTIC FILINGS

NAME:

CLOVERLEAF MEDICAL INTERNATIONAL, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan EXT. 1155

EXAMINER'S INITIALS