

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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2002 APPLICATION FOR REINSTATEMENT UBR



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

AND FILED

02 NOV 14 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L0100006328
Name and Mailing Address

0005523 01 FP 0.352 **PRSR T7 0 0615 34108-202717



CLEARY HOLDINGS, LLC
 10217 GULF SHORE DR.
 NAPLES FL 34108-2027



SO2151911396
05/22/02 90209 003 \$50

| | | | |
|--|--|--|--|
| 2. New Mailing Address City, State, Zip | | 4. State/Country of Formation FL | |
| Principal Place of Business 10217 GULF SHORE DR. NAPLES FL 34108 | | 5. Date Organized or Qualified To Do Business in Florida 04/24/2001 | |
| 3. New Principal Place of Business Address City, State, Zip | | 6. FEI Number 41-2033036 | |
| | | Applied For Not Applicable | |
| | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

CR2E084 (8/02)

| | | | |
|--|--|--|--|
| 8. Name and Address of Current Registered Agent CLEARY, JOSEPH 10217 GULF SHORE DR. NAPLES FL 34108 | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|--|--|--|--|

10. 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 _____

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|-------------|-----------------------------------|--|--------------------|
| Mgr B.M. | Joseph J. Cleary | 10217 Gulf Shore Dr | Naples, FL 34108 |
| | | | |
| | | | |
| | | | |
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12. 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 _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager