

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

1. DOCUMENT # L01000021845

Name and Mailing Address

0009485 01 FP 0.352 \*\*PRSRT H2 0 0615 32327-148023



CLEAR SPRINGS PROPERTY, LLC  
23 LIMPKIN COURT  
CRAWFORDVILLE FL 32327-1480

FILED  
02 NOV - 05 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



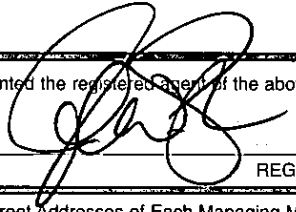
10/4/02

CR2E084 (8/02)

<b>2. New Mailing Address</b>  City, State, Zip		<b>4. State/Country of Formation</b>  FL	
<b>Principal Place of Business</b> 23 LIMPKIN COURT CRAWFORDVILLE FL 32327		<b>5. Date Organized or Qualified To Do Business in Florida</b> 12/17/2001	
<b>3. New Principal Place of Business Address</b>  City, State, Zip		<b>6. FEI Number</b> 80-0003510	
		<b>Applied For</b> Not Applicable	
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

<b>8. Name and Address of Current Registered Agent</b>  LENTZ, JOHN W VII 23 LIMPKIN COURT CRAWFORDVILLE FL 32327	<b>9. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)   City <b>FL</b> 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.

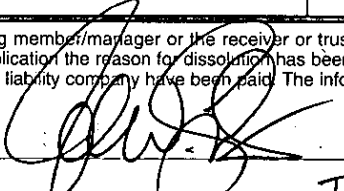
Signature of Registered Agent  **REGISTERED AGENT MUST SIGN** Date

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
MGRM	JOHN W. LENTZ	23 LIMPKIN CT CRAWFORDVILLE	FL 32327
MGRM	MARIA A. LENTZ		

100008808301  
11/05/02--01077--004 \*\*150.00

Bjn

**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 11-1-02 Daytime Phone # 850-562-9075

Typed or printed name of signing Managing Member/Manager JOHN LENTZ