

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 20 AM 8:48

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000000609

1. Limited Liability Company's Name

NEWTON & CLAWSON FINANCIALSERVICES LLC

2. Principal Office Address

1200 WESTON ROAD

Suite, Apt. #, etc.

THIRD FLOOR

City & State

WESTON, FLORIDA

Zip

33326

Country

USA

3. Mailing Office Address

1200 WESTON ROAD

Suite, Apt. #, etc.

THIRD FLOOR

City & State

WESTON, FLORIDA

Zip

33326

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/07/2002

6. FEI Number

26-0009168

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

MICHAEL D. NEWTON

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

1200 WESTON ROAD

Suite, Apt. #, Etc.

THIRD FLOOR

City

WESTON

State

FL

Zip Code

33326

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

Date 11/14/03

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
MGRM	MICHAEL D. NEWTON	1200 WESTON ROAD, THIRD FLOOR	WESTON, FL 33326
MGRM	PATRICK D. CLAWSON	1200 WESTON ROAD, THIRD FLOOR	WESTON, FL 33326
MGRM	EARLE H. CLAWSON	1200 WESTON ROAD, THIRD FLOOR	WESTON, FL 33326

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 11/14/03

Daytime Phone # 954-358-6266

Typed or printed name of signing Managing Member/Manager

MICHAEL D. NEWTON

REINSTATEMENT 2003

CR2E041 (10/02)