

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 DEC 15 PM 3:20

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000016180

1. Limited Liability Company's Name

Clearwater Irrigation, LLC.

2. Principal Office Address

2511 White Blvd

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34117

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6/27/02

6. FEI Number

41-2047826

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

Ketchum, Scott M.

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

692 Goodlette Rd N

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34102

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

X

REGISTERED AGENT MUST SIGN

Date

10/24/03

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
<u>MEMBER</u> <u>Manager</u> <u>Member</u>	<u>Roberto Pau</u>	<u>2511 White Blvd</u>	<u>Naples, FL 34117</u>
<u>MANAGER</u> <u>Member</u> <u>MEMBER</u>	<u>Sergio Quesada</u>	<u>2511 White Blvd.</u>	<u>Naples, FL 34117</u>

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REINSTATEMENT 2003

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

X

Date

10/24/03

Daytime Phone #

239-734-6901

Typed or printed name of signing Managing Member/Manager

Roberto Pau, Managing Member

CR2041 (10/02)