PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 MAY -6 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** L02000034186

**1.** Limited Liability Company's Name

KLARAS Group, LLC

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 141 NW 20th Street | ← SAME |
| Suite, Apt. #, etc.: Suite B7 | Suite, Apt. #, etc. |
| City & State: Boca Raton, FL | City & State |
| Zip: 33431 Country: Palm Beach | Zip Country |

**4.** State/Country of Formation: FL Palm Beach

**5.** Date Organized or Qualified To Do Business in Florida: orginally Filed 12/19/02

**6.** FEI Number: 65-1171627 ☐ 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: ~~KLARAS Group, LLC~~ John H. ACKERMANN JRA

Street Address (P.O. Box Number is Not Acceptable): 141 NW 20th Street

Suite, Apt. #, Etc.: Suite B7

City: Boca Raton | State: FL | Zip Code: 33431

**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: _____ Date: 4/5/05
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

**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 |
|---|---|---|---|
| Princ/a/ MGRM | John H. ACKERMANN | 141 NW 20th St Suite 67 | Boca Raton FL 33431 |
| | | 400054349294 05/13/05 01004 004 **250.00 | |
| | Home | Street Address | |
| | | 17324 Boca Club Blvd #908 | Boca Raton, FC 33487 |
| | | | 03 05 |

**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: 4/5/05 Daytime Phone #: 561 368-2500

Typed or printed name of signing Managing Member/Manager: John H. ACKERMANN

* I am the only member of the LLC