

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 APR 29 AM 11:50

DOCUMENT # L0400000 4157

1. Limited Liability Company's Name

Clarke's Air Conditioning & Electric, LLC

2. Principal Office Address - No P.O. Box #

3450 NE 6th Terr

Suite, Apt. #, etc.

City & State

Pompano Beach

Zip

33064

Country

Broward

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. State/Country of Formation

US

5. Date Organized or Qualified
To Do Business in Florida
01/15/04

6. FEI Number

203460505

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

Harry Jenzano

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

4640 N Federal Hwy

Suite, Apt. #, Etc.

City

Lighthouse Point

State

FL

Zip Code

33064

100259616071
04/29/14--01024--007 **377.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/23/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Richard W Clarke	3450 NE 6th Terr	Pompano Bh FL 33064
D	Jason E Clarke	128 SE 5th Ave	Deerfield Bh FL 33441

11. E-mail Address: Hjenzano@comcast.net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Richard W Clarke

Date

4-23-14

Daytime Phone #

954-520-9491

Typed or printed name of signing Authorized Representative/Manager

Richard W. Clarke

9434