

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 MAY 17 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000013878

1. Limited Liability Company's Name

CLEARVISION COMMUNICATIONS +
CONSULTING, LLC

500104118955
06/08/07--01033--001 **150.00

CR2E041 (1/07)

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

703 APPIAN WAY

Suite, Apt. #, etc.

3. Mailing Office Address

703 APPIAN WAY

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32208

Country

U.S.A.

City & State

JACKSONVILLE, FL

Zip

32208

Country

U.S.A.

4. State/Country of Formation

FLORIDA / U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

02/20/2004

6. FEI Number

22-3899571

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

RASHARD A. WILLIS

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

703 APPIAN WAY

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32208

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Rashard A. Willis

REGISTERED AGENT MUST SIGN

Date

05/03/07

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	RASHARD A. WILLIS	703 APPIAN WAY	JACKSONVILLE, FL 32208
MGRM	MERCEDES COOPER	703 APPIAN WAY	JACKSONVILLE, FL 32208

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

Rashard A. Willis

Date 4/3/07

Daytime Phone# (904) 885-5046

Typed or printed name of signing Managing Member/Manager

RASHARD A. WILLIS