

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000038467

1. Limited Liability Company's Name
Clear Sky, LLC

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

21350 Harborside Blvd

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

Zip

33952

Country

USA

3. Mailing Office Address

21350 Harborside Blvd

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

Zip

33952

Country

USA

8. Name and Address of Current Registered Agent

Name

Robin Estess

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

21350 Harborside Blvd

Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33952

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

Robin Estess
REGISTERED AGENT MUST SIGN

Date **6-1-2015**

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
MGR	Robin Estess	21350 Harborside Blvd	Port Charlotte/ FL/ 33952
MGR	Steven Christesen	21350 Harborside Blvd	Port Charlotte / FL / 33952

11. E-mail Address: **robinestess@gmail.com**

(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Robin Estess

Date

6-1-2015

Daytime Phone #

941-763-3509

Typed or printed name of signing authorized representative/member

Robin Estess

FILED
2015 JUN 11 A 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
CR2884 (1/14)

4. State/Country of Formation
FL / USA

5. Date Organized or Qualified
To Do Business in Florida **4/20/2005**

6. FEI Number
52-2458168

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status

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