

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

06 OCT 10 AM 10:03

DOCUMENT # L05000048282

1. Limited Liability Company's Name

CLMIA, LLC

2. Principal Office Address

1265 SE St. Lucie Boulevard

Suite, Apt. #, etc.

City & State

Stuart FL

Zip

34996

Country

Martin

3. Mailing Office Address

1265 SE St. Lucie Boulevard

Suite, Apt. #, etc.

City & State

Stuart FL

Zip

34996

Country

Martin

CR2E041 (8/05)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

5/1/05

6. FEI Number

20-3247803

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

Daniel Longman

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

1265 SE St. Lucie Boulevard

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34996

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

Daniel B. Longman

REGISTERED AGENT MUST SIGN

Date 10/4/06

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
Member	<u>Daniel B. Longman</u>	<u>1265 SE St. Lucie Boulevard</u>	<u>Stuart FL 34996</u>

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

Daniel B. Longman

Date 10/4/06

Daytime Phone # 616-975-3500

Typed or printed name of signing Managing Member/Manager

Daniel B. Longman