

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 OCT 24 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000123565

1. Limited Liability Company's Name

TINA CHARIE BONTKE
CLEAR VIEW WINDOWS LLC.

CR2E041 (10/08)

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

Suite, Apt. #, etc.

City & State

PENSACOLA FL.

Zip Country

32526 U.S.

3. Mailing Office Address

5452 WALES AVE

Suite, Apt. #, etc.

City & State

PENSACOLA FL.

Zip Country

32526 U.S.

4. State/Country of Formation

FL / U.S.

**5. Date Organized or Qualified
To Do Business in Florida**

12-30-05

6. FEI Number

56-2550304

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

TINA CHARIE BONTKE

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

5452 WALES AVE

Suite, Apt. #, Etc.

City
PENSACOLA

State
FL

Zip Code
32526

☒ 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

Tina C. Bontke

REGISTERED AGENT MUST SIGN

Date 10-21-08

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
<u>MEM</u>	<u>TINA CHARIE BONTKE</u>	<u>5452 WALES AVE</u>	<u>PENSACOLA, FL. 32526</u>

000137254940
10/24/08--01031--010 **277.50

REINSTATEMENT-07-08

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

Tina C. Bontke

Date 10-21-08

Daytime Phone # 850-232-0327

Typed or printed name of signing Managing Member/Manager

Amelia Underwriters, Inc.**Florida Artisan General Liability Application***Incomplete applications are subject to rejection of coverage and / or risk.**Do not leave any questions blank or unanswered.*

Policy Number: 09162008C_557713		Renewal Of: New	
Name: Clear View Windows LLC		Producer: LOGAN INSURANCE AGENCY INC - JEFF PIERCE	
d/b/a:		Effective Dates: 12:01 AM	
Mail Address: 5452 Wales Ave		From: 09/16/2008 To: 12/16/2008	
City: Pensacola	State: Florida	Type: Individual <input type="checkbox"/> Corporation <input checked="" type="checkbox"/>	
Zip: 32526	County: All Other counties	Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Association <input type="checkbox"/>	
Ph. # 850-232-0327	Inspection Contact: Tina Charie Bontke	Web address: None	
Business Address: Same, FL			
Description of business: Window Cleaning and janitorial cleaning services		Classification Code(s): 91629,96816,99975	
# Years in Business: 1.00		# Years Experience: 21	
Limits of Liability include - Occurrence, General Aggregate, Products / Completed Operations, Personal and Advertising Injury. Certain classes include the Products / Completed Operations Hazard within the General Aggregate Limit.			
Double Aggregate <input type="checkbox"/> 100/200/200 <input type="checkbox"/> 300/600/600 <input type="checkbox"/> 500/1000/1000 <input type="checkbox"/> 1000/2000/2000		Single Aggregate <input type="checkbox"/> 100/100/100 <input type="checkbox"/> 300/300/300 <input type="checkbox"/> 500/500/500 <input checked="" type="checkbox"/> 1000/1000/1000	
<input checked="" type="checkbox"/> 100,000 Fire Damage Limit <input checked="" type="checkbox"/> 5,000 Medical Payments		Deductible: 500 1 # Owners, Officers or Partners Payroll X 16,700 = 16,700 2 # Full-time, Part-time, temp or leased employees payroll = 5,000 Total Risk Payroll = 21,700	
% of your work is: <u>0</u> % Industrial <u>100</u> % Residential <u>0</u> % Commercial			
% of your work is: <u>0</u> % Remodeling <u>100</u> % New Construction <u>0</u> % Repair and Service <u>0</u> % Room Additions			
Type of License: Occupational		Current License Number:	
Do you ordinarily perform under written contract? No			
Do you subcontract any work? No		If yes, % subcontracted: %	
Types of work subcontracted:			
Do you require certificates for General Liability equal to or greater than your own? No (if No, Submit)			
Do you require certificates for Workers Compensation? No			
Types of jobs performed in the last 12 months: Residential window and janitorial cleaning services			
Past and anticipated projects detail:		Subcontractors	Payroll
Prior 24 Months:		0.00	0.00
Next 12 Months:		0.00	21,700.00
Gross Receipts			
35,000.00			
Do you now or have you ever acted as a GENERAL CONTRACTOR? No (If Yes, Submit)			
Do you have a GENERAL CONTRACTOR'S LICENSE? No (If Yes, Submit)			
Any Prior Losses in the last 5 years? No If yes, list all losses below & Submit			
Do you have any knowledge of an occurrence that could result in a claim? No			
Prior Carrier / Loss History:			
Date	Carrier	Premium	Losses
09/02/2008	American Vehicle	180.00	0.00
11/10/2006	American Vehicle	789.00	0.00

FL A1 (11 02)

American Vehicle Insurance Company
Florida Artisan General Liability Rating Worksheet

RATE CALCULATION

91629	16.80	x 0.98	x 0.98	x 1	= 16.135	x 0	= 0.00
1 st Class Code	Base Rate	Ded. Mod.	Rate Mod.	Cr/Dr Mod.	Final Rate	Payroll	Premium
96816	22.60	x 1	x 0.98	x 1	= 22.148	x 21.7	= 120.15
2 nd Class Code	Base Rate	Ded. Mod.	Rate Mod.	Cr/Dr Mod.	Final Rate	Payroll	
99975	21.40	x 1	x 0.98	x 1	= 20.972	x 0	= 0.00
3 rd Class Code	Base Rate	Ded. Mod.	Rate Mod.	Cr/Dr Mod.	Final Rate	Payroll	

PREMIUM SUBTOTAL 180

* Additional Insureds # 0 X \$50 each = 0

* Blanket Additional Insured (GFN 979)
(Minimum \$150 or 10% of the policy) 0

* Waiver of Transfer of Rights (CG 24 04) 0

(* These Items are fully earned)

POLICY SUBTOTAL 180

Terrorism Coverage = 0

Expense Constant 25.00

TOTAL POLICY PREMIUM 205

FHCF Assessment 1.80

FIGA3 5

TOTAL POLICY PREMIUM INCLUDING TAXES 211.8

**American Vehicle Insurance Company
POLICYHOLDER DISCLOSURE****NOTICE OF TERRORISM
INSURANCE COVERAGE**

Under the Terrorism Risk Insurance Act, as amended, pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2007, effective January 1, 2008, you have the right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in the Act. The term "certified act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of The United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in case of an air carrier or vessel or the premises of a United States mission; to have been committed by an individual or individuals acting as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion; and the act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act.

You should know that the United States Government, Department of Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the federal Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion and if we have met our insurer deductible under the Terrorism Risk Insurance Act, we will not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury. The premium for this coverage is shown below and does not include any charges for the portion of loss covered by the federal government under the act.

The federal Terrorism Risk Insurance Program Reauthorization Act of 2007 is scheduled to terminate at the end of December 31, 2014, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act terminated December 31, 2014, any terrorism coverage as defined by the Act provided in the policy will also terminate.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO ACCEPT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM."

SELECTION OR REJECTION OF CERTIFIED TERRORISM INSURANCE COVERAGE

I hereby elect to purchase certified terrorism coverage for a prospective premium of 5% of the annual premium. I understand that the federal Terrorism Risk Insurance Act of 2002 may terminate on 12/31/05, and should that occur my coverage for terrorism as defined by the act will cease on that date.

☒ I hereby reject the purchase of certified terrorism coverage.


Policyholder/Applicant's Signature

Clear View Windows LLC

Named Insured/Firm

09162008C 557713

Policy No. (if available)

Print Name

09/16/2008

Date

AVIC 1003 (01 08)