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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE CO.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

CR2E041 (1/14) 8-13

DOCUMENT # L06000039872

1. Limited Liability Company's Name
CLEARPATH DEVELOPMENT LLC

2. Principal Office Address - No P O Box #	3. Mailing Office Address
12620-3 Beach Blvd	28 Yaphank Avenue
Suite, Apt. #, etc 214	Suite Apt. #, etc
City & State Jacksonville, FL	City & State Brookhaven, NY
Zip / Country 32246 / United States	Zip / Country 11719 / United States

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
APRIL 17, 2006

6. FEI Number
56-2575575
☐ 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
AGENTS AND CORPORATIONS, INC.

Street Address (P.O. Box Number is Not Acceptable)
300 FIFTH AVENUE SOUTH

Suite, Apt. #, Etc.
SUITE 101-330

City: NAPLES | State: FL | Zip Code: 34102

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: By: William J. Bradshaw, President — Date: 3/11/14
REGISTERED AGENT MUST SIGN

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
President	William J. Bradshaw	12620-3 Beach Blvd , Suite 214	Jacksonville, FL 32246
Manager	Bong T. Zakrewski	151 Brookfield Avenue	Center Moriches, NY 11934

11. E-mail Address: william.bradshaw@clearpathdevelopment.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 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: William J Bradshaw — Date: 3/11/2014 — Daytime Phone #: 904-830-4280

Typed or printed name of signing Authorized Representative/Manager:

MAR 11 2014
M. WILLIAMS

Florida Department of State
Division of Corporations
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Division of Corporations
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