

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 MAY 10 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000055553

1. Limited Liability Company's Name

Clean Light LLC

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

999 Brickell Avenue

Suite, Apt. #, etc.

600

City & State

Miami

Zip

33131

Country

Dade

3. Mailing Office Address

999 Brickell Avenue

Suite, Apt. #, etc.

600

City & State

Miami

Zip

33131

Country

Dade

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ 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 **ICTS LLC**

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

999 Brickell Avenue

Suite, Apt. #, Etc.

600

City

Miami

State

FL

Zip Code

33131

E-mail Address:

900207440919
05/10/11--01012--008 **516.25

hoffmann60@gmail.com

(To be used for future annual report notices)

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

Date **5-4-2011**

REGISTERED AGENT MUST SIGN

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	Thomas Hoffmann	131 SW De Gouvea Ter.	Port St. Lucie, FL 34984

REINSTATEMENT 09-11 DB

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. 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 Managing
Member/Manager

Date **5-4-11** Daytime Phone # **772-233-8487**

Typed or printed name of signing Managing Member/Manager

CONSENT TO USE OF NAME

CLEAN LIGHT, INC. a corporation incorporated under the laws of the State of Florida, hereby consents to the reinstatement of Clean Light LLC, in the State of Florida.

IN WITNESS WHEREOF, the said corporation has caused this consent to be executed by its President this 3rd day of May, 2011.

CLEAN LIGHT, INC. a Florida corporation

By:



Thomas Hoffmann, President

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CLERK OF STATE
TALLAHASSEE, FLORIDA