PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

15 NOV 19 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000114422

1. Limited Liability Company's Name
CLARITY SPECTRUM LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2 SOUTH BISCAYNE BLVD.		2 SOUTH BISCAYNE BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 3400		SUITE 3400	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33131	US	33131	US

CR2E041 (1/14)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 11/02/2010

6. FEI Number 90-0632168 — 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
PAUL O. LOPEZ, ESQ.

Street Address (P.O. Box Number is Not Acceptable) Suite
C/O TRIPP SCOTT, PA

Apt. #, Etc
110 SE 6TH STREET, 15TH FLOOR

City: FORT LAUDERDALE State: FL Zip Code: 33301

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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 _____ Date 11-18-15
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
MGR	ROBERT R. PIRES	2 S. BISCAYNE BLVD., STE 3400	MIAMI, FL 33131
			S. HAWKES
	REINSTATEMENT		NOV 20 A.M.
			EXAMINER
	2014-2015		

11. E-mail Address: mmm@trippscott.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 _____ Date Nov 17 2015 Daytime Phone # 441 298 5688

Typed or printed name of signing authorized representative/member ROBERT R. PIRES