

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS
2023 NOV 28 PM 12:40

DOCUMENT # L18000281861

1. Limited Liability Company's Name
Clearpath Financial LLC

500419481395
11/28/23--01010--006 **541.25

2. Principal Office Address - No P.O. Box #
4794 SE 94th Ave

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Webster, Florida 33597

City & State

Zip
33597

Country
USA

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 12/7/2018

6. FEI Number
83-2808498

☐ 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
Stanley J Nieminski

Street Address (P.O. Box Number is Not Acceptable) Suite.
4794 SE 94th Ave

Apt. #, Etc.

City
Webster

State
FL

Zip Code
33597

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 12/16/2023

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
AP	Sharon Nieminski	2 Blanchard Circle	South Barrington, Illinois 60010
AP	Jessica Nieminski	10 Executive Ct. Suite 2	South Barrington, Illinois 60010
AMBR	Stanley J Nieminski	4794 SE 94th Ave	Webster, Florida 33597

REINSTATEMENT

R. HUNT

11. E-mail Address: stan@cpfadvisors.net

(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

Stanley J. Nieminski

Date

11/16/23

Daytime Phone #

847-343-9498

Typed or printed name of signing authorized representative/member