L99000000215

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : BLANKENSHIP LAW FIRM, P.A.
Account Number : I20000000188
Phone : (904)543-8665
Fax Number : (904)543-0830

AL

LIMITED LIABILITY REINSTATEMENT

CLEAR SYSTEMS, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$205.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT -9

DOCUMENT # L99000000215

1. Limited Liability Company's Name
Clear Systems, L.L.C.

2. Principal Office Address	3. Mailing Office Address
5316 93rd PL SW	1015 Atlantic Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 293
City & State Mukilteo WA	City & State Atlantic Bch. FL
Zip 98275 Country USA	Zip 32233 Country USA

4. State/Country of Formation Florida

5. Date Organized or Qualified To Do Business in Florida 1/13/99

6. FEI Number 59-3558861 ☐ 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: Kimberly A. Blankenship, Esq.
Street Address (P.O. Box Number is Not Acceptable): 1300 Marsh Landing Pkwy, #108
Suite, Apt. #, Etc.:
City: Jacksonville Beach State: FL Zip Code: 32250

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 10/09/01
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
Mgr	Donald Brewer-Irons	5316 93rd Place SW	Mukilteo WA 98275
Mgr	Beverly Brewer-Irons	5316 93rd Place SW	Mukilteo WA 98275

11. I certify that I am managing member/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 605.0108, 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 _____ Date 10/9/01 Daytime Phone # (425) 359-7989

Typed or printed name of signing Managing Member/Manager Donald Brewer-Irons

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