

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

2002 AUG 13 AM 10:23

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M00000002623

1. Limited Liability Company's Name

Clarite, LLC

100007139731--8

-08/15/02--01046--008

****200.00 ****200.00

2. Principal Office Address

450 Columbus Blvd., CT030-15NB

3. Mailing Office Address

450 Columbus Blvd., CT030-15NB

Suite, Apt. #, etc.

Suite, Apt. # etc.

City & State

Hartford, CT

City & State

Hartford, CT

Zip

06103

Country

Zip

06103

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

12/19/00

6. FEI Number

52-2202130

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Sammy Deffe

REGISTERED AGENT MUST SIGN

DAVID TOFFER
VICE PRESIDENT

Date

8-7-02

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	United HealthCare Insurance Company	450 Columbus Blvd., CT030-15NB	Hartford, CT 06103
	#829631		

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 it made under oath.

Signature of
Managing Member/Manager

P. Alain McMahon

Date 7/29/02

Daytime Phone # 860-702-6953

Typed or printed name of signing Managing Member/Manager P. Alain McMahon



UnitedHealth Group

UnitedHealth Group Legal Services Department
CT030-15NB 450 Columbus Boulevard Hartford CT 06103

August 8, 2002

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

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2002 AUG 13 AM 10:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Re: Clarite, LLC

Dear Sir or Madam:

Enclosed for filing on behalf of the above entity, please find the following:

- Limited Liability Company Reinstatement;
- Check in the amount of \$200.00 for the requisite filing fees.

Please return any correspondence to Keri Meddaugh, CT030-15NB, Clarite, LLC, 450 Columbus Blvd., Hartford, CT 06103. Should you have any questions regarding the foregoing please feel free to contact me at 860-702-9588.

Very truly yours,

Keri Meddaugh