Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
12 APR 27 AM 11:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
12 APR 20 AM 7:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY REINSTATEMENT
CLEARWATER INTERNATIONAL, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$655.00

B. BOSTICK
MAY - 3 2012
EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 APR 27 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

09-12

DOCUMENT # M07000006408

1. Limited Liability Company's Name

Clearwater International, L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2000 ST JAMES PLACE	2000 ST JAMES PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOUSTON, TX	City & State: HOUSTON, TX
Zip: 77056 Country: USA	Zip: 77056 Country: USA

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: 10/25/2007

6. FEI Number: 02-0645803 ☐ 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: C T 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

E-mail Address: pam.davis@weatherford.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Jayna Nickell Asst. Secretary Date: 4/27/12
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
Manager	Joseph C. Henry	2000 St. James Place	Houston, TX 77056

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: April 25, 2012 Daytime Phone #: 713-836-4184

Typed or printed name of signing Managing Member/Manager: Joseph C. Henry

FILED
12 APR 27 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 30, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CLEARWATER INTERNATIONAL, L.L.C.
515 POST OAK BLVD., SUITE 600
HOUSTON, TX 77027

SUBJECT: CLEARWATER INTERNATIONAL, L.L.C.
REF: M07000006408

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is $25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

FAX Aud. #: H12000116617
Letter Number: 112A00013008

RE-SUBMIT
Please retain original filing date of submission

P.O BOX 6327 – Tallahassee, Florida 32314