

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 DEC -9 PM 1:33

DOCUMENT # M1500007268

1. Limited Liability Company's Name

CLARUS COMMERCE LLC

2. Principal Office Address - No P.O. Box #
500 Enterprise Drive

Suite, Apt. #, etc.

2nd Floor

City & State

Rocky Hill, CT

Zip
06067

Country
USA

3. Mailing Office Address
500 Enterprise Drive

Suite, Apt. #, etc.

2nd Floor

City & State

Rocky Hill, CT

Zip
06067

Country
USA

CR2E041 (1/14)

4. State/Country of Formation
CT

5. Date Organized or Qualified
To Do Business in Florida 9/11/2015

6. FEI Number

☒ 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

Corporation Service Company

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

1201 Hays Street

Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

300293160873

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

Courtney Williams

Date 12.09.16

REGISTERED AGENT MUST SIGN Asst. Vice President

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
CEO	Thomas M. Caporaso	25 Knob Hill Road	Glastonbury, CT 06033

11. E-mail Address: mmcneec@claruscommerce.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 12/9/2016

Daytime Phone # 860-358-9198

Typed or printed name of signing authorized representative/member

Thomas M. Caporaso

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 399266 7873937

AUTHORIZATION :

COST LIMIT : \$ 238.75

ORDER DATE : December 9, 2016

ORDER TIME : 2:54 PM

ORDER NO. : 399266-005

CUSTOMER NO: 7873937

REINSTATEMENT

NAME: CLARUS COMMERCE LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF
16 DEC -9 PM 4:18