

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 13 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000057607

1. Corporation Name

Clear Company

2. Principal Office Address

3 Island Avenue

Suite, Apt. #, etc.

11 H

City & State

Miami Beach FL

Zip

33139

Country

U.S.

3. Mailing Office Address

3 Island Avenue

Suite, Apt. #, etc.

11 H

City & State

Miami Beach FL

Zip

33139

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2000

5. FEI Number

651026393

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-04

WOP

7. Name and Address of Current Registered Agent

Name

Shannon Falkner

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

3 Island Avenue

Suite, Apt. #, Etc.

11 H

City

Miami Beach

State

FL

Zip Code

33139

900039065019

07/13/04 01053 002 ***608.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 7/6/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-	Shannon Falkner	3 Island Ave #11H	Miami Beach, FL 33139

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/6/04 305-206-6699

Daytime Phone #

CR2E081 (01/04)

2052

clear company

3 island avenue. apt. # 11h
miami beach, fl 33139

July 6, 2004

Reinstatement Department
Florida Department of State
Division of Corporations
P.O. Box 6357
Tallahassee, FL 32314

RE: P00000057607

Dear Sir/ Madam:

This letter is to kindly ask you to wave the reinstatement fee of \$600.

In 2001 I moved to a new address and even though I forwarded all my mail to my new address, I did not received the first, neither the second notice to file the 2001 annual report.

Enclosed please find a check in the amount of \$600.00, which represents the fees from 2001, the year my company was dissolved, minus the reinstatement fee.

I respectfully request abatement of the reinstatement fee, as it was not due to willful neglect. Rest assured that this would not happen again. I truly apologize for the inconvenience this may have caused.

Sincerely yours,

Shannon Falkner
President

