

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 FEB 26 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000077947**

1. Corporation Name

ACLARUS CORPORATION

2. Principal Office Address - No P.O. Box #

5376 SE REEF WAY

Suite, Apt. #, etc.

City & State

STUART

Zip

34997

Country

USA

3. Mailing Office Address

PO BOX 1390

Suite, Apt. #, etc.

City & State

PORT SALERNO

Zip

34992

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/15/2003

5. FEI Number

13-4263468

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

VICTOR PATAKA

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

5376 SE REEF WAY

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34997

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

Date **2/23/2007**

REGISTERED AGENT MUST SIGN

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	PATAKA, VICTOR	5376 SE REEF WAY	STUART, FL 34997
VP	HILL, LLOYD	9831 SW 117TH CT	MIAMI, FL 33186
VP	PAYNE, AARON	3 STARKEY CLOSE, WEST CHESHUNT	HERTFORDSHIRE EN7 6WE UNITED KINGDOM
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REINSTATEMENT *04-07*

B 2/27/07

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2007

Date

(772) 214 9490

Daytime Phone #

proper

DEAR DIVISION OF CORPORATIONS,

ATTACHED PLEASE FIND THE CORPORATE
REINSTATEMENT FORM PLUS CHECK.

ALSO, SINCE WE NEED THE CERTIFICATE
OF STATUS URGENTLY, I'D BE MOST
GRATEFUL IF YOU COULD POP IT
INTO THE ATTACHED FEDEX (PRE-PAID)
ENVELOPE AND SEND THIS TO US.

I'M NOT SURE IF THIS WOULD BE TOO
MUCH TO ASK, BUT IF THE CERTIFICATE
COULD BE FAXED TO 1 866 670 6898,
(A FREE CALL) THAT WOULD BE NICE TOO.

MANY THANKS FOR YOUR HELP,

VICTOR

2/27/2007