


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P03000096878**

1. Entity Name  
**CLEAR SERVICES, INC.**



FILED  
04 OCT 29 PM 2: 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 4932 NW 191ST ST OPA LOCKA, FL 33055	Mailing Address 4932 NW 191ST ST OPA LOCKA, FL 33055
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2. Principal Place of Business <b>4932 NW 191ST</b>	3. Mailing Address <b>4932 NW 191ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10252004 REIN-P CR2E098 (6/04)

City & State <b>OPA LOCKA FL</b>	City & State <b>OPA LOCKA FL</b>	4. FEI Number <b>20-0199868</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33055</b>	Country <b>U.S.A</b>	Zip <b>33055</b>	Country <b>U.S.A</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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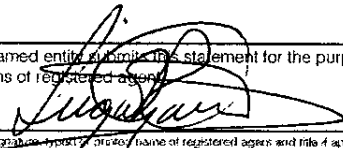
6. Name and Address of Current Registered Agent

**LIBERTY BUSINESS SERVICES, INC.  
8202 NW 103RD ST  
HIALEAH GARDENS, FL 33016**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **10-22-04**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CUELLAR, RAQUEL PD</b> <b>4932 NW 191ST ST</b> <b>OPA LOCKA, FL 33055</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000042314030</b> <b>10/29/04--01052--016 **158.75</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **10-22-04** DUL/SMS PHONE # **(786)208-2099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR