

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 NOV 29 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000084884**

1. Corporation Name

CLEARSHIELD, INC.

Principal Place of Business

Mailing Address

~~4900 DYER BLVD~~
RIVIERA BEACH FL ~~33407~~
US

~~4900 DYER BLVD~~
RIVIERA BEACH FL ~~33407~~
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

6440 Garden Road

6440 Garden Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 6

Suite 6

City & State

City & State

Riviera Beach

Riviera Beach

33404

33404

Country

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/1993

5. FEI Number

65-0458916

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	KOSTREZECHA, GREGORY	8771 SHADOW WOOD BLVD.	CORAL SPRINGS FL 33071
DPT	PETERSON, DARRELL	4900 DYER BLVD 6440 Garden Rd	RIVIERA BEACH FL 33407 33404
D	HERTER, GAREY	4900 DYER BLVD 6440 Garden Rd	RIVIERA BEACH FL 33407 33404
D	REILLY, JOHN	1019 S E HOLBROOK COURT #4C	PT. ST. LUCIE FL 34953
<p>600003069946--0 -12/14/99--01093--024 ****550.00 ****550.00</p> <p>REINSTATEMENT</p>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PETERSON, DARRELL
4900 DYER BLVD
RIVIERA BEACH FL 33407

Name

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

Suite, Apt. #, Etc.

6440 Garden Rd

Suite 6

Riviera Beach

State

Zip Code

FL

33404

600003069946--0

-12/14/99--01093--025

****200.00 ****200.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-14-99

11. 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

Daytime Phone #

10-14-99

CR2E40 (8/99)