

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P930000084884

1. Corporation Name

CLEAR SHIELD INC.

2. Principal Office Address

1991 ERWIN RD

Suite, Apt. #, etc.

City & State

PT. ST. LUCIE FL.

Zip

34952

Country

USA

3. Mailing Office Address

1991 ERWIN RD

Suite, Apt. #, etc.

City & State

PT. ST. LUCIE, FL

Zip

34952

Country

USA

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

12-13-93

5. FEI Number

650458916

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

JACK REILLY

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

1991 ERWIN RD

Suite, Apt. #, Etc.

800003405208-6

-03/26/00--01103--010

****908.75 ****908.75

City

PT. ST. LUCIE

State

FL

Zip Code

34952

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

Jack Reilly

REGISTERED AGENT MUST SIGN

Date 9-5-00

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
PRES	GREGORY KOSTRZECHA	8771 SHADOW WOOD BLVD AVE	CORAL SPRINGS FL 33071
SEC	GAREY HERTER	1500 N. CONGRESS B-54	WEST PALM BEACH FL 33401
V.P.	JACK REILLY	1991 ERWIN RD	PT. ST. LUCIE, FL. 34952
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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:

G. Kostrzecha

GREGORY KOSTRZECHA 9-5-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

854-646-2899