H02-17762

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JAN 18 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P93000084884

1. Corporation Name

CLEARSHIELD, INC.

2. Principal Office Address	3. Mailing Office Address
1991 ERWIN RD.	1991 ERWIN RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST. LUCIE, FLORIDA	City & State: PORT ST.LUCIE, FLORIDA
Zip: 34952 Country: U.S.	Zip: 34952 Country: U.S.

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida: 12-13-93

5. FEI Number: 65-0458916 [X] 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.:

City: PORT 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. LS

Signature of Registered Agent: Jack Reilly Date: 01-17-2002

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	KOSTREZECHA, GREGORY	8771 SHADOW WOOD BLVD.	CORAL SPRINGS, FL33071
S	HERTER, GAREY	1500 N. CONGRESS AVE. B-54	WEST PALM BEACH, FL 33401
VP	REILLY, JACK	1991 ERWIN RD.	PORT ST. LUCIE, FL 34952

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: Garey Herter GAREY HERTER 01-17-2002 561 596-3452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H02-17762

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305)358-2571
Fax Number : (305)358-7832

CORPORATION REINSTATEMENT

CLEARSHIELD, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00