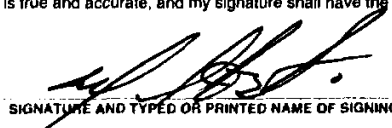


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-weight: bold;">P96000023847</div> <div style="text-align: right; font-size: 3em; font-weight: bold;">47</div> </div>			
DOCUMENT # P96000023847			
1. Corporation Name <b>CLEARMANIA, INC.</b>			
Principal Place of Business		Mailing Address	
<b>1341 SOUTHEAST 3RD STREET</b>		<b>DEERFIELD BEACH, FL 33441</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <b>10730 N.W. 66 ST</b>		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc. <b>304</b>		Suite, Apt. #, etc.	
City & State <b>MIAMI, FLORIDA</b>		City & State	
Zip <b>33178</b>	Country <b>U.S.</b>	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <b>03/18/96</b>		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	MANUEL ALEJANDRO BOTERO	10730 NW 66 ST 304	MIAMI, FL 33178
VICE PRES	MANUEL ALEJANDRO BOTERO	10730 NW 66 ST 304	MIAMI, FL 33178
SECRET	MANUEL ALEJANDRO BOTERO	10730 NW 66 ST 304	MIAMI, FL 33178
TREAS	MANUEL ALEJANDRO BOTERO	10730 NW 66 ST 304	MIAMI, FL 33178
DIRECT	MANUEL ALEJANDRO BOTERO	10730 NW 66 ST 304	MIAMI, FL 33178
<div style="display: flex; justify-content: space-between;"> <div style="font-size: 1.5em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 1.5em; font-weight: bold;">97-99</div> <div style="font-size: 1.5em; font-weight: bold;">400003012444-6</div> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div style="font-size: 1.5em; font-weight: bold;">-10/12/99--01031--007</div> <div style="font-size: 1.5em; font-weight: bold;">**1093-75 **1050.00</div> </div>			
8. Name and Address of Current Registered Agent			
<b>AMERXANER CHARTERED</b> <b>343 ALMERIA AVENUE</b> <b>COOPER TOWNSHIP, FL 33134 U.S.</b>		Name <b>CARLOS A. MALDONADO</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>11038 BAYSHORE WAY</b>	
		Suite, Apt. #, Etc.	
		City <b>BOCA RATON</b>	
State <b>FL</b>		Zip Code <b>33428-1250</b>	
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		Date	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: 		Date <b>305-216-8467</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone	

FILED  
 99 NOV -3 AM 10:55  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

CR2000 (1/98)