



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 29, 2004

CLAY & MADISON, LLC
1409 PONCE DE LEON DRIVE
FORT LAUDERDALE, FL 33316

SUBJECT: CLAY & MADISON, LLC
REF: L02000014675

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482 Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

FAX Aud. #:
Letter Number: 604A00047650

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DIVISION OF CORPORATIONS


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000014675					
1. Limited Liability Company's Name CLAY & MADISON, LLC					
2. Principal Office Address 1409 PONCE DE LEON DR			3. Mailing Office Address 1409 PONCE DE LEON DR		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State FORT LAUDERDALE, FL			City & State FORT LAUDERDALE, FL		
Zip 33316	Country USA	Zip 33316	Country USA	4. State/Country of Formation FLORIDA	
				5. Date Organized or Qualified To Do Business in Florida 06/12/2002	
				6. FEI Number NONE	Applied For Not Applicable
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name JAMES L. BERGER		
Street Address (P.O. Box Number is Not Acceptable) 350 EAST LAS OLAS BOULEVARD		
Suite, Apt. #, Etc. SUITE 1000		
City FORT LAUDERDALE	State FL	Zip Code 33316

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent James L. Berger Date 7/25/04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Lisa Berger	1409 Ponce De Leon Dr	Ft. Lauderdale, FL 33316
REINSTATEMENT			
<u>03/20/04</u> cler			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Lisa J. Berger Date 7/25/04 Daytime Phone# 954 698-2477

Typed or printed name of signing Managing Member/Manager Lisa J. Berger

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