

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2010 MAR 17 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100171049681
03/02/10--01049--011 **138.75

CR2E041 (11/09)

LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L07000058363**

1. Limited Liability Company's Name

CLAY-O PROPERTIES

2. Principal Office Address - No P.O. Box #

1071 N. COUNTY RD 315

Suite, Apt. #, etc.

3. Mailing Office Address

1071 N. COUNTY RD 315

Suite, Apt. #, etc.

City & State

MELROSE, FL

City & State

MELROSE, FL

Zip

32666

Country

FLORIDA

Zip

32666

Country

FLORIDA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

06/04/2007

6. FEI Number

260722354

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JOHN H. CLAY

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

1071 N. COUNTY RD 315

Suite, Apt. #, Etc.

City

MELROSE

State

FL

Zip Code

32666

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Date

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
MGR	JOHN H. CLAY	1071 N. COUNTY RD 315	MELROSE, FL 32666
MGR	WILHELMINA H. CLAY	1071 N. COUNTY RD 315	MELROSE, FL 32666

11. E-mail Address: **CLAOSTRICH @ COPPER.NET**

(To be used for future annual report notifications)

12. 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

Date **3-8-10**

Daytime Phone # **352-654-1182**

Typed or printed name of signing Managing Member/Manager

John H. Clay