

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -1 PM 4: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000012021

Name and Mailing Address

0003818 01 FP 0.352 \*\*PRSR T2 0 0615 33407-524636



CLAYTON INTERIORS, LLC  
345 30TH STREET, #111  
WEST PALM BEACH FL 33407-5246



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

07/23/2001

Principal Place of Business

345 30TH STREET, #111  
WEST PALM BEACH FL 33407

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-1119975

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

HYSLOP, CLAYTON  
345 30TH STREET, #111  
WEST PALM BEACH FL 33407

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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 10.22.02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HYSLOP, CLAYTON	345 30TH STREET	WEST PALM BEACH FL 33407

7000008717347  
10/31/02--01014--014 \*\*150.00

REINSTATEMENT 2002

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 10.22.02

Daytime Phone # 561-801-0283

Typed or printed name of signing Managing Member/Manager

Clay Hyslop

CR2E084 (8/02)