L02000014961

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 10 PM 2:15

300024619003
11/12/03--01073--018 **55.00

DOCUMENT # L02000014961

1. Limited Liability Company's Name
DOT Clay LLC

2. Principal Office Address	**3.** Mailing Office Address
12515 Lake Bryant Ct.	P.O. Box 289
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Windermere, FL	City & State: Windermere FL
Zip: 34786 Country:	Zip: 34786 Country:

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: 6/14/02

6. FEI Number: 41-2047518 ☐ 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: Douglas S. Lyons

Street Address (P.O. Box Number is Not Acceptable): 325 North Calhoun Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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

CR2ED41 (10/02)

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
Mg. Member	Charles E. Hawthorne, Jr.	12515 Lake Bryant Ct.	Windermere, FL 3478

REINSTATEMENT 2003

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 608.508, 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: Charles E. Hawthorne Date: 11/7/03 Daytime Phone #: (321)948-0808

Typed or printed name of signing Managing Member/Manager: Charles E. Hawthorne, Jr.

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FILED
SECRETARY OF STATE
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11/7/03

The attached reinstatement request includes a check for $55.00. I contacted your office on 11/6/03 and explained that DOT's mailing address for the Division of Corporations had an incorrect zip code (see attached highlighted 37786 zip code instead of 34786).

I was told the reinstatement would only be the annual Report Fee and the reinstatement fee would be waived. The additional $5.00 is for a certificate of status.

Sincerely

[signature]