

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 NOV -9 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

CCGT. RCLAME Group, LLC
P.O. Box 142741
Gainesville, FL 32614

2. Principal Office Address

1320 SW 61 Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 142741

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32607

Country

USA

Zip

32614

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

07-11-02

6. FEI Number

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

Janice L Clark

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

PO Box 142742 1320 SW 61 Terrace

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32607

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

Janice L Clark

REGISTERED AGENT MUST SIGN

Date 10/04/04

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 |
|--------|--------------------------------------|---|--------------------|
| | See Attached List | | |
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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

Inez H. Linton

Date 10/04/04

Daytime Phone # 352-339-1859

Type or printed name of signing Managing Member/Manager

Inez H. Linton

CR2E041 (10/02)

CCGJ.RCLAME GROUP, LLC OWNER MANAGERS

CAROLYN G. ADAMS _____ Owner Manager - President
P.O. BOX 142712
GAINESVILLE, FL. 32614

RANDOLPH JONES _____ Owner Manager - Vice-Pres.
P.O. BOX 167
LACROSSE, FL. 32658

JANICE L. CLARK _____ Owner Manager - Treasurer
1320 SW 61 TERR.
GAINESVILLE, FL. 32607

CHAUNCEY CLARK _____ Owner Manager
1320 SW 61 TERR.
GAINESVILLE, FL. 32607

MIRIAM GONZALEZ _____ Owner Manager
6227 (A) SW 11 PL.
GAINESVILLE, FL. 32607

SADIE McBROOM _____ Owner Manager - Parliamentarian
P.O. BOX 142021
GAINESVILLE, FL. 32614

MINNIE L. ROLARK _____ Owner Manager
6124 (B) SW 11 PL.
GAINESVILLE, FL. 32607

STEPHEN SR. & INEZ LINTON _____ Owner Mgr. _____ Secretary
8620-204 NW 13 ST.
GAINESVILLE, FL. 32653

JOAN Y. CANTON _____ Owner Manager
P.O. BOX 142712
GAINESVILLE, FL. 32614-2712

ELOISE C.A. EDWARDS _____ Owner Manager
344 NW 48 BLVD.
GAINESVILLE, FL. 32607-2203