

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -7 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

LD3000006035

CLAVETTE REAL ESTATE GROUP, LLC

300164774623

01/06/10--01043--003 **277.50
CR2E041 (11/09)

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

605 PONCE DE LEON BLVD

Suite, Apt #, etc.

3. Mailing Office Address

605 PONCE DE LEON BLVD

Suite, Apt #, etc.

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

02/21/2003

6. FEI Number

04-3733584

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

Clayton Clavette

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

605 PONCE DE LEON BLVD

Suite, Apt #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

Clayton Clavette

REGISTERED AGENT MUST SIGN

Date 1/4/10

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	Clayton Clavette	605 PONCE DE LEON BLVD	CORAL GABLES, FL 33134
	L. SELLERS		
	JAN - 8 2010		
	EXAMINER		
			REINSTATEMENT 08409

11. E-mail Address: clayton@lavishliving.com

(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

Clayton Clavette

Date 1/4/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Clayton Clavette