

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000029665

1. Limited Liability Company's Name

CLAY COUNTY PINE RIDGE, LLC

2. Principal Office Address  
302 NE HANCOCK ST.

Suite, Apt. #, etc.

City & State  
MADISON, FL

Zip  
32340

3. Mailing Office Address  
P.O. BOX 934

Suite, Apt. #, etc.

City & State  
MADISON, FL

Zip  
32341

Country  
MADISON

4. State/Country of Formation

FLORIDA, MADISON

5. Date Organized or Qualified  
To Do Business in Florida

AUGUST 11, 2003

6. FEI Number  
20-1106659

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  
MARIA LINDA DULAY

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

302 NE HANCOCK ST.

200042440162

11/03/04-01044-009 \*\*\*150.00

Suite, Apt. #, Etc.

City  
MADISON

State  
FL Zip Code  
32340

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 10/28/04

REGISTERED AGENT MUST SIGN

CR2E041 (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
MGRM	MARIA LINDA DULAY	302 NE HANCOCK ST.	MADISON, FL 32340
MGRM	DEMETRIO FERNANDEZ	POST OFFICE BOX 347	QUITMAN, GA 31643

**REINSTATEMENT 2004**

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

Date 10/08/04 Daytime Phone # 850-973-3767

Typed or printed name of signing Managing Member/Manager  
MARIA LINDA DULAY