

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 -3 PM 1:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L03000029665

1. Limited Liability Company's Name

CLAY COUNTY PINE RIDGE, LLC

2. Principal Office Address

302 NE HANCOCK ST.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 934

Suite, Apt. #, etc.

City & State

MADISON, FL

City & State

MADISON, FL

Zip

32340

Country

MADISON

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

REGISTERED AGENT MUST SIGN

Date

10/28/04

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
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

10/28/04

Daytime Phone#

850 - 973 - 8767

Typed or printed name of signing Managing Member/Manager

MARIA LINDA DULAY

CR20041 (10/02)