

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000048388					
1. Entity Name CLAUGHTON, LLC					
Principal Place of Business 38400 ILEX TRAIL EUSTIS, FL 32726 US			Mailing Address 38400 ILEX TRAIL EUSTIS, FL 32726 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0438975	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MULLEN, SHAWN C 38400 ILEX TRAIL EUSTIS, FL 32726				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Shawn C. Mullen</u> SHAWN C. MULLEN <u>10-25-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULLEN, SHAWN C 38400 ILEX TRAIL EUSTIS, FL 32726		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200042439922 11/03/04--01044--005 **55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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REINSTATEMENT 2004					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Shawn C. Mullen</u> SHAWN C. MULLEN <u>10-25-04</u> <u>352-455-3021</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



10252004 REIN-LLC CR2E101 (6/04)