

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV -4 PM 12:56

DOCUMENT # L04000022220

1. Limited Liability Company's Name

MICHAEL CLAYTON ENTERPRISES, LLC

200137474702
10/30/08--01020--002 **421.25

CR2E041 (10/08)

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

800 FAIRWAY DRIVE

Suite, Apt. #, etc.

370-A

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

USA

3. Mailing Office Address

15215 S 48TH STREET

Suite, Apt. #, etc.

#139

City & State

PHOENIX, AZ

Zip

85044

Country

USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 3/24/04

6. FEI Number

20-5662321

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

MICHAEL CLAYTON

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

800 FAIRWAY DRIVE

Suite, Apt. #, Etc.

370-A

City

DEERFIELD BEACH

State

FL

Zip Code

33441

☒ 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

Michael Clayton
REGISTERED AGENT MUST SIGN

Date 10/27/08

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 |
|--------|--------------------------------------|---|---------------------------|
| MGR | MICHAEL CLAYTON | 800 FAIRWAY DRIVE, 370-A | DEERFIELD BEACH, FL 33441 |
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REINSTATEMENT 2006-08

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

Michael Clayton

Date 10/27/08

Daytime Phone # 480-783-8870

Typed or printed name of signing Managing Member/Manager MICHAEL CLAYTON