

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 FEB -7 PM 3:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA



01222008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L06000072923		
1. Entity Name CLAYOMA III, LLC		

Principal Place of Business 5201 NE 32 AVENUE FORT LAUDERDALE, FL 33308 US	Mailing Address 5201 NE 32 AVENUE FORT LAUDERDALE, FL 33308 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 9369 Sheridan St. Suite 356
Suite, Apt. #, etc.	Suite 356
City & State	Cooper City, FL
Zip	Country
33024	US

4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PLOTKA, EVAN B 7771 WEST OAKLAND PARK BOULEVARD ATRIUM WEST, SUITE 140 SUNRISE, FL 33351	
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7. Name and Address of New Registered Agent	
Name	Evan B Plotka
Street Address (P.O. Box Number is Not Acceptable)	210 North University Drive
Suite	Suite 301
City	Coral Springs FL
Zip Code	33071-7339

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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$277.50	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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEAVER, LOUOMA T 5201 NE 32 AVENUE FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800116583688 01/31/08--01038--009 **277.50
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
07-08

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JUDITH WHITE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date: 1/26/08
Daytime Phone #