
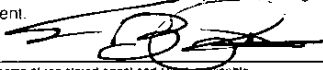
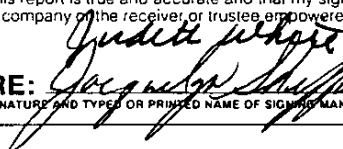


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 FEB -7 AM 11:54

DOCUMENT # L06000072926			
1. Entity Name CLAYOMA IV, 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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 9369 Sheridan St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 356	
City & State		City & State Cooper City, FL	
Zip	Country	Zip	Country
		33024	US
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PLOTKA, EVAN B 7771 WEST OAKLAND PARK BOULEVARD ATRIUM WEST, SUITE 140 SUNRISE, FL 33351		Name Evan B Plotka Street Address (P.O. Box Number is Not Acceptable) 210 North University Drive 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			
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	100116583731 01/31/08--01038--010 ***277.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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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
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		JACQUELYN SHEFFIELD 1/26/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	