


# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000093591	
1. Entity Name CLAY'S CONSTRUCTION & DEVELOPMENT, LLC	

Principal Place of Business 4722 KNOLLWOOD DR TALLAHASSEE, FL 32303	Mailing Address PO BOX 180325 TALLAHASSEE, FL 32318
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 210 FAIRWAY DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State HAVANA FL
Zip	Country 32333
Country	Country Gadsden

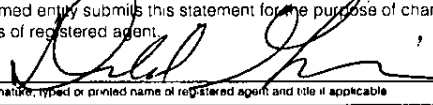
**FILED**  
10 NOV 18 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11182010 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent GIBSON, DONALD 210 FAIRWAY DRIVE HAVANA, FL 32333	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

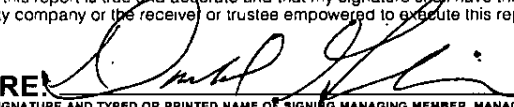
SIGNATURE  DATE 11-18-2010

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$238.75 After January 1, 2011, Fee will be \$377.50	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 HOBERT, GARY J 4722 KNOLLWOOD DR TALLAHASSEE, FL 32303 <input checked="" 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	MGRM GIBSON, DONALD 210 FAIRWAY DRIVE HAVANA, FL 32333 <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	MGRM CLAY, ALVIN JR 105 PEAR TREE LN THOMASVILLE, GA 31757 <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 900187917329 11/18/10--01015--012 **160.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900187917329 11/19/10--01001--002 **113.75
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  DATE 11-18-2010 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE