

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000012334					
1. Entity Name CLINT S DAVIS LLC					
Principal Place of Business 17835 NW 278TH AVE ALACHUA, FL 32615			Mailing Address 17835 NW 278TH AVE ALACHUA, FL 32615		
2. Principal Place of Business - No P.O. Box # 17801 NW 278 Ave		3. Mailing Address 17801 NW 278 Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Alachua FL		City & State Alachua FL 32615		4. FEI Number	
Zip 32615		Country US		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				11062008 REIN-LLC CR2E101 (1/07)	
6. Name and Address of Current Registered Agent DAVIS, CLINT S 17835 NW 278TH AVE ALACHUA, FL 32615			7. Name and Address of New Registered Agent Name: <u>Clint S Davis</u> Street Address (P.O. Box Number is Not Acceptable): <u>17801 NW 278 Ave</u> City: <u>Alachua</u> FL Zip Code: <u>32615</u>		
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>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGDM</u> <u>Clint S Davis</u> <u>17801 NW 278 Ave.</u> <u>Alachua, FL 32615</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>000137920070</u> <u>11/14/08-01016-001</u>	
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	
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	
REINSTATEMENT 2008					
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			11-11-08 952-494-6666 Date Daytime Phone #		