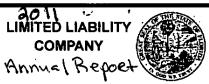
## PLEASE READ ALL INSTRUCTIONS

**LE COMPLETING THIS FORM.** 



FLORIDA DEPARTMENT OF STATE Secretary of State

**DIVISION OF CORPORATIONS** 

FILED

2011 HAY -6 PM 2: 21

SEURL MARY OF STATE TALLAHASSEE, FLORIDA

## DOCUMENT # L07000058363

1. Limited Liability Company's Name

## CI A-O PROP

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·				Office Address				ודט	US/ 11 UCR2E041 (4	( <del>//1</del> 1) ****	.00.10	
				N County Rd 315				4. State/Cour	ntry of Formation			
Suite, Apt. #, etc.			Suite, Apt. #,	/t. #, etc.			ŀ	5. Date Organized or Qualified				
								To Do Business in Florida 06/04/2007				
City & State  City & State  Melrose, FI  Melrose							İ	6. FEI Number Applied For				
Zip Country			Melrose, FI								Not Applicable	
32666	3	Putnam	32666			tnam		7. CERTIFICATI	E OF STATUS DESIRED 🔲	5.00 Addition for a Certific	al Fee required ate of Status	
8. Name and Address of Current Registered Agent							:					
Name John H. Clay								E-mail Address:				
Street Address (P.O. Box Number is Not Acceptable) 1071 N County Rd 315								•				
Suite, Apt. #, Etc.								claostrich@copper.net				
City Melrose					State Zip Code (To be used for future annual 32666					rt notices)		
9. I, being Signatu		e registered agent of the ab	ove named limite	d liability co	mpany,	am familiar v	with and a	ccept the obliga				
Registered Agent REGISTERED AGENT MUST SIGN								Date 4-21-/)				
10. Name	es and Street	Addresses of Managing Me	mbers/Managers									
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manage				er	City / State / Zip			
MGR	John H. Clay			1071 N County Rd			ity R	d 315	Melrose, FI 32666			
MGR	Wilhelmina H Clay			1071 N County R			ty R	d 315	Melrose, FI 32666			

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of	or manag
Member/Ma	anager

Typed or printed name of signing Managing Member/Manager John H. Clay

Date 04/21/2011 Daytime Phone #1 (386)659-1182