PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM	
COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L20000063298 1. Limited Liability Company's Name CLAY MAC AUTO SALE LLC	300443276223 01/24/2501026001 **\$16.25 <u>U.E.2500000033-4</u> 01/24/25 81828 001 **\$16.25
2. Principal Office Address - No PO Box # 3. Mailing Office Address Suite, Apt #, etc Suite, Apt #, etc City & State Country B. Name and Address of Current Registered Agent Name Surect Accress (P.D. Box Julinber is Not Acceptable) Suite Apt #, Etc City City State Suite, Apt #, etc City Suite, Apt #, etc City Surect Accress (P.D. Box Julinber is Not Acceptable) Suite Apt #, Etc City State Stat	CRZEO41 (1/14) 4. State Epuntry of Formation OV. Ca. Date Organized or Qualified To Do Business in Florida 5. Date Organized or Qualified To Do Business in Florida 6. FEL Number OS OS Additional Foor required OF CERTIFICATE OF STATUS DESIRED 7. CERTIFICATE OF STATUS DESIRED Applied For Not Applicable OF CERTIFICATE OF STATUS DESIRED Applied For Not Applicable OF CERTIFICATE OF STATUS DESIRED Applied For Not Applicable OF CERTIFICATE OF STATUS DESIRED APPLICATE OF
Registered Agent REGISTERED AGENT MUST SIGN	Date 12 / 11/2024
10. Names and Street Addresses of Authorized Representatives/Managers Titles Name of Authorized Representatives/ Authorized Representatives/ Authorized Representatives/ Managers Name of Authorized Representatives/ Name of Authorized	city/State/Zip
11 E-mail Address ALMCINT(RE 1236)GMC	ail.com
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, 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 authorized representative/member The same of signing authorized representative/member	

Typed or printed name of signing authorized representative/member