2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000074730

REIS, JUSTIN

1438 WASHINGTON AVE.

MIAMI BEACH, FL 33139

Name:

Address:

City-St-Zip:

Entity Name: CLAY HOTEL MANAGEMENT CORP

FILED Mar 12, 2009 Secretary of State

Entity Na	me: CLAY HC	TEL MANAGEMENT CORP.			
Current Principal Place of Business:			New Principal Place	of Business:	
	SHINGTON AV ACH, FL 3313				
Current Mailing Address:			New Mailing Address:		
	LYWOOD BLV DOD, FL 3302	/D., STE. 215-SOUTH 1			
FEI Number	: 20-5055619	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
1500 SAN	REGISTERED . REMO AVE., ABLES, FL 33				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE: ATRIUM	REGISTERED AGENTS, INC.			
	Electro	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notice.		
	S AND DIREC	•	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	S (CARRUTHERS 1438 WASHIN MIAMI BEACH,	STON AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (ALLUM, JONAT 1438 WASHIN MIAMI BEACH,	GTON AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (THUKRAL, RAI 1438 WASHIN MIAMI BEACH,	STON AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JONATHAN ALLUM D 03/12/2009