


L00000000456

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
			
DOCUMENT # L00000000456			
1. Limited Liability Company's Name MERIDIAN FARM, L.L.C.			
2. Principal Office Address 3167 Olde Hampton Road		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Wellington, FL		City & State	
Zip 33414	Country Palm Beach	Zip	Country
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 01/12/2000	
6. FEI Number 65-0994665		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>SEE TO A FURTHER EFFECTIVE DATE OF 12/31/2003</small>			

FILED
OCT 24 AM 10:17
TALLAHASSEE, FLORIDA

9/28/01

MK

8. Name and Address of Current Registered Agent

Name Lawrence Weiner	
Street Address (P.O. Box Number is Not Acceptable) 1428 Brickell Avenue	
Suite, Apt. #, Etc. Suite 400	
City Miami	State FL
Zip Code 33131	

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.


Signature of Registered Agent:  Date: 10/22/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Manager & P	Charles G. Phillips	775 Park Avenue	New York, NY 10021
REINSTATEMENT 2001-2003			300024151579

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 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.

Signature of Managing Member/Manager:  Date: 10/17/03 Daytime Phone: c/o Lawrence Weiner (305) 371-7800

Typed or printed name of signing Managing Member/Manager: Charles G. Phillips



CORPORATION SERVICE COMPANY™

L00000000456

ACCOUNT NO. : 072100000032

REFERENCE : 291722 4300A

AUTHORIZATION :

Patricia Piguet

COST LIMIT : \$ 255.00

ORDER DATE : October 23, 2003

ORDER TIME : 11:35 AM

ORDER NO. : 291722-005

CUSTOMER NO: 4300A

CUSTOMER: Mr. David Vogel
Weiner Cummings & Vittoria
4th Floor
1428 Brickell Avenue
Miami, FL 33131

RECEIVED
STATE
TALLAHASSEE
FLORIDA

03 OCT 24 AM 10:17

FILED

DOMESTIC FILINGS

NAME: MERIDIAN FARM, L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS _____