

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

2008 MAR 24 A 10: 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**  
  
**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L01000017200

1. Corporation Name  
**Majestic Farms, LLC.**

2. Principal Office Address - No P.O. Box # <b>3 Pelican Isle</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>3 Pelican Isle</b> Suite, Apt. #, etc.	
City & State <b>Fort Lauderdale, Florida</b>		City & State <b>Fort Lauderdale, Florida</b>	
Zip <b>33301</b>	Country <b>USA</b>	Zip <b>33301</b>	Country <b>USA</b>

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida **10/04/2001**

5. FEI Number **352165249** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**Les Steinger**

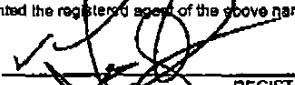
Street Address (P.O. Box Number is Not Acceptable)  
**3 Pelican Isle**

Suite, Apt. #, Etc.

City **Fort Lauderdale, Florida** State **FL** Zip Code **33301**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date **3/22/08**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGMR	Leslie Steinger	3 Pelican Isle	Fort Lauderdale, Florida 33301

**REINSTATEMENT 05-08**

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:  Date **3/22/08**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

MAR. 24. 2008 4:25 PM

FERRELL LAW

NO. 400

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : FERRELL GROUP CORPORATE SERVICES, L.L.C.  
Account Number : I20020000141  
Phone : (305) 371-8585  
Fax Number : (305) 416-6319

LIMITED LIABILITY REINSTATEMENT

MAJESTIC FARMS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$660.00

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