

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



Florida Department of State  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

**L01000020959**

1. DOCUMENT # L01000020959  
 Name and Mailing Address

2002-2003

03 FEB -7 PM 12:33

0003656 01 FP 0,352 \*\*PRSRT T1 0 0615 33330-300511  
 SUAVO FARMS, LLC  
 5711 HANCOCK ROAD  
 DAVIE FL 33330-3005

400010704534  
 01/24/03--01091--015 \*\*150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/30/2001	
Principal Place of Business 5711 HANCOCK ROAD DAVIE FL 33330	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent VOGEL, AMARILY S 5711 HANCOCK ROAD DAVIE FL 33330	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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: *Quentin Vogel* Date: 1/4/03  
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	AMARILY S VOGEL	5711 HANCOCK ROAD	DAVIE, FL 33330

Money for 2002  
 validated 7/23/02

REINSTATEMENT 2002-2003  
 up 1/7/03

12. 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: *Quentin Vogel* Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E084 (8/02)