

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 28 AM 7:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000016806

Name and Mailing Address

0013994 01 AT 0.292 **AUTO T1 D 0615 33908-395341



FRESH-HARVEST FARMS, LLC
16641 SAN CARLOS BLVD.
FT. MYERS FL 33908-3953

60,000



2003-2004 4/28

CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/03/2002	
Principal Place of Business 16641 SAN CARLOS BLVD. FT. MYERS FL 33908	3. New Principal Place of Business Address	6. FEI Number 20-0068505	Applied For Not Applicable
City, State, Zip		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 GROUT, DOUGLAS H 16641 SAN CARLOS BLVD. FT. MYERS FL 33908		9. Name and Address of New Registered Agent Name: 200025813102 12/29/03-01050-001-**-150.00 Street Address (P.O. Box Number is Not Acceptable) 200025813102 05/10/04-01089-003-**-50.00 City: FL	

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: *[Signature]* REGISTERED AGENT MUST SIGN Date: 1/14/04

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	GROUT, DOUGLAS H	16641 SAN CARLOS BLVD.	FT. MYERS FL 33908
MGR	GROUT, BARREN S	16641 SAN CARLOS BLVD.	FT. MYERS FL 33908
<i>no longer part of the LLC</i>			
REINSTATEMENT 2003-2004			

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: *[Signature]* Date: 1/14/04 Daytime Phone #