

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007  
50.00

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT  
2007



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # L060000 35496

1. Limited Liability Company's Name

**Bense Farms, LLC**

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <b>2910 Magnolia Ave</b>		3. Mailing Office Address <b>2910 Magnolia Ave</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Pensacola, FL</b>		City & State <b>Pensacola, FL</b>	
Zip <b>32503</b>	Country <b>USA</b>	Zip <b>32503</b>	Country <b>USA</b>

4. State/Country of Formation <b>Florida/USA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>April 5, 2006</b>	
6. FEI Number <b>20-46321888</b>	Applied For <input 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

Name <b>Allan G. Bense</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1405 West Beach Drive</b>	
Suite, Apt. #, Etc.	
City <b>Panama City</b>	State <b>FL</b>
	Zip Code <b>32405</b>

A \$100 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 \$100 reinstatement be waived.

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

*Allan Bense*

Date

1/25/07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Allan G. Bense	1405 West Beach Drive	Panama City, FL 32405
MGRM	Judith A. Bense	2910 Magnolia Ave	Pensacola, FL 32503

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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

*Judith A. Bense*

Date Jan 23, 2007

Daytime Phone #

850-474-2474

Typed or printed name of signing Managing Member/Manager

**Judith A. Bense**