


L98000002988

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 DEC 13 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|--|---|--|
| LIMITED LIABILITY COMPANY REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT #

1. Limited Liability Company's Name
Collier Citrus Management, L.C.
4210 Metro Parkway, Suite 250
Ft. Myers, FL 33916

BK

700062114307
CR2E041 (8/05)

| | | | |
|--|----------------|--|----------------|
| 2. Principal Office Address 4210 Metro Parkway Suite, Apt. #, etc. Suite 250 City & State Ft. Myers, FL Zip 33916 | | 3. Mailing Office Address 4210 Metro Parkway Suite, Apt. #, etc. Suite 250 City & State Ft. Myers, FL Zip 33916 | |
| Country USA | Country USA | Country USA | Country USA |

| | |
|--|-------------------------------|
| 4. State/Country of Formation Florida | |
| 5. Date Organized or Qualified To Do Business in Florida 01/31/2001 | |
| 6. FEI Number 6S0881574 | Applied For 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
Richard Choma

Street Address (P.O. Box Number is Not Acceptable)
4210 Metro Parkway

Suite, Apt. #, Etc.
Suite 250

City
Fort Myers

State
FL

Zip Code
33916

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 008, F.S.

Signature of Registered Agent Richard Choma VP/CAO Date 12/9/05

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 |
|--------|--|--|----------------------|
| MGR | Consolidated Citrus Management, L.L.C. | 4210 Metro Parkway, Suite 250 | Fort Myers, FL 33916 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 2002-2005

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 008, 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 008.406, 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 Charles Vester Lucas Date 12/9/05 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager Charles Vester Lucas



L98000002988

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 752310 4333788

AUTHORIZATION : *Darlene Ward*

COST LIMIT : \$ 300.00

ORDER DATE : December 12, 2005

ORDER TIME : 8:29 AM

ORDER NO. : 752310-020

CUSTOMER NO: 4333788

FILED
05 DEC 13 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BJK

DOMESTIC FILINGS

NAME: COLLIER CITRUS MANAGEMENT,
L.C.

XX REINSTATEMENT

RECEIVED
05 DEC 13 AM 10:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext# 2935

EXAMINER'S INITIALS _____