

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP -6 AM 10:23

DOCUMENT # M02000000820

1. Limited Liability Company's Name

Chipola Turf Farms, LLC
882 Hwy. 71 S
Kinard, FL 32449

2. Principal Office Address

882 Hwy 71 S

Suite, Apt. #, etc.

3. Mailing Office Address

882 Hwy 71 S

Suite, Apt. #, etc.

City & State

Kinard, Fl.

Zip
32449

Country
Calhoun

City & State

Kinard, Fl.

Zip
32449

Country
Calhoun

CR2E041 (8/05)

4. State/Country of Formation

Bibb County, GA

5. Date Organized or Qualified To Do Business in Florida

1999

6. FEI Number

58-2463530

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

John M. Davis

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

2329 SE Cypress Point Rd.

Suite, Apt. #, Etc.

City

Kinard,

State

FL

Zip Code

32449

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

John M. Davis

REGISTERED AGENT MUST SIGN

Date 9-1-06

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.	John M. Davis	2329 SE Cypress Point Rd.	Kinard, Fl. 32449
			000079725540 09/12/06--01058--009 **300.00
			REINSTATEMENT 04-06

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

John M. Davis MANAGER

Date 9-1-06

Daytime Phone# 850-639-6805

Typed or printed name of signing Managing Member/Manager John M. Davis