

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2004 NOV 12 AM 9:47

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **MD 3000001287**

1. Limited Liability Company's Name

DAIRICONCEPTS MANAGEMENT, L.L.C.

2. Principal Office Address

3253 E. Chestnut Expwy.

Suite, Apt. #, etc.

City & State

Springfield, MO

Zip

65802-2540

Country

Greene

3. Mailing Office Address

3253 E. Chestnut Expwy.

Suite, Apt. #, etc.

City & State

Springfield, MO

Zip

65802-2540

Country

Greene

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

4/23/03

6. FEI Number

43-1883246

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

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

SEE ATTACHED

Date

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	Dairy Farmers of America, Inc.	10220 N. Ambassador Dr.	Kansas City, MO 64153

REINSTATEMENT *of BPA*

800042704869
11/12/04--01074--017 **150.00

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

David A. Geisler

Date **11/3/04**

Daytime Phone # **(816) 801-6440**

Typed or printed name of signing Managing Member/Manager **David A. Geisler, Corporate Vice President/Legal, Dairy Farmers of America, Inc.**

CR2E041 (10/02)

Having been named as registered agent and to accept service of process for DairiConcepts Management, L.L.C. at the place herein designated:

CT Corporation System
c/o CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent for in Chapter 608, F.S.

Dated: November 4, 2004

CT Corporation System

By: _____

John J. Linnihan
John J. Linnihan, Asst. Vice President