

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000011877

FILED

02 NOV 25 AM 10:43

1. DOCUMENT # L00000011877

Name and Mailing Address

0005516 01 FP 0.352 \*\*PRSRT T7 O 0615 34105-324515



5 ACROSS FARM L.L.C.  
515 WILWOOD LANE  
NAPLES FL 34105-3245

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
400009209554  
11/25/02--01089--002 \*\*150.00



<b>2. New Mailing Address</b>  City, State, Zip		<b>4. State/Country of Formation</b>  FL	
<b>5. Date Organized or Qualified To Do Business in Florida</b>  09/27/2000		<b>6. FEI Number</b> 31-1771454 <b>APPLIED FOR</b>	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>3. New Principal Place of Business Address</b>  City, State, Zip		<b>8. Name and Address of Current Registered Agent</b>  STANNER, H. KENT 515 WILWOOD LANE NAPLES FL 34105	
<b>9. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code		<b>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.</b>  Signature of Registered Agent <u>H Kent Stanner</u> Date _____ REGISTERED AGENT MUST SIGN	
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	STANNER, H. KENT	515 WILWOOD LANE	NAPLES FL 34105
<b>REINSTATEMENT 2002</b>  12/2 cust			

CR2E084 (8/02)

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 H Kent Stanner Date 11/15/02 Daytime Phone # 216-436-3415

Typed or printed name of signing Managing Member/Manager H Kent Stanner