

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 13 PM 4:00

DOCUMENT # L06000029873

1. Limited Liability Company's Name

DEANS PRODUCE, LLC

9/14/07

000138695730
12/08/08--01063--009 **238.75

2. Principal Office Address - No P.O. Box #

3600 EAST LAUREL RD

Suite, Apt. #, etc.

City & State

NOKOMIS, FL

Zip

34275

Country

US

3. Mailing Office Address

3600 EAST LAUREL RD

Suite, Apt. #, etc.

City & State

NOKOMIS, FL

Zip

34275

Country

US

4. State/Country of Formation

US

5. Date Organized or Qualified

To Do Business in Florida 3/20/2006

6. FEI Number

☐ 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

CHERIE DEANS

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

3600 EAST LAUREL RD

Suite, Apt. #, Etc.

City

NOKOMIS

State

FL

Zip Code

34275

☒ 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

Cherie Deans

Date 12-2-08

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	CHERIE DEANS	3600 EAST LAUREL RD	NOKOMIS, FL 34275

000138695730
01/05/09--01015--005 **38.75

REINSTATEMENT

Without Penalty
2007-2008

1/13

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

Cherie Deans

Date 12-2-08 Daytime Phone # 941-468-4361

Typed or printed name of signing Managing Member/Manager CHERIE DEANS