

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # B920000000064

**1. Name of Limited Partnership**

SFE CITRUS PROCESSORS L.P., LTD.

BK

**2. Principal Office Address**

15000 US Highway 301 North

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Dade City, Florida

City & State

Zip

33523

Country

USA

Zip

Country

**4. Date Formed or Registered  
To Do Business in Florida**

12/23/1992

**5. FEI Number**

59-3155356

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7a. Capital Contributions as shown on Record:**

4,000,000.00

**7b. Amount of Capital Contributions in FLORIDA to date:**

**FEES:**

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
  - 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
  - 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

**9.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

4/12/04

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**10. Name(s) of General Partner(s)**

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

**10a. Registration  
Document Number**

SFE Citrus GP, LLC

400 N. Tampa Street

Tampa, FL 33602

M99000001259

700034379967  
04/28/04--01018--019 \*\*1052.50

**REINSTATEMENT 2003-2004**

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**11.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

4/12/2004

Typed or Printed Name of General Partner Signing Form

Gary Viljoen

Telephone Number

CR2E039 (10/02)



B92060000064

April 14, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
04 APR 16 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: SFE Citrus Processors, L.P., Ltd

Dear Sir/Madam:

To the best of my knowledge and belief, the Notice of Filing for SFE Citrus Processors, L.P., Ltd. was never received by the company for the year 2003, which in turn has caused the company to be revoked by the Florida Secretary of State. Since a substantial amount of time has lapsed in connection with the unsuccessful notification and filing of the annual report, the company now needs to file a reinstatement to return to an active status with the State.

We ask that you please waive the penalty fees associated with this reinstatement for lack of appropriate notification concerning the annual report.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Ben Reese".

Ben Reese  
General Counsel