2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
06 OCT 26 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300081260103

DOCUMENT # L00000000456

1. Entity Name
MERIDIAN FARM, L.L.C.

Principal Place of Business	Mailing Address
3167 OLDE HAMPTON ROAD WELLINGTON, FL 33414 US	C/O MARIA NEARY, CFA GELLER & CO. 800 THIRD AVENUE 19TH FLOOR NEW YORK, NY 10022 US

10112006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business		3. Mailing Address	
		c/o Lawrence Weiner, Esq.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1428 Brickell Avenue, Ste. #400	
City & State		City & State Miami FL	
Zip	Country	Zip 33131	Country USA

4. FEI Number 65-0994665 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINER, LAWRENCE
1428 BRICKELL AVENUE, SUITE 400
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Lawrence Weiner 10/26/06
Signature, typed or printed name of registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PHILLIPS, CHARLES G 775 PARK AVENUE NEW YORK, NY 10021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

REINSTATEMENT 2006

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Charles G. Phillips 10/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CORPORATION SERVICE COMPANY

L00000000456

ACCOUNT NO. : 072100000032

REFERENCE : 557371 4300A

AUTHORIZATION :

COST LIMIT : $150.00

ORDER DATE : October 26, 2006

ORDER TIME : 2:30 PM

ORDER NO. : 557371-005

CUSTOMER NO: 4300A

DOMESTIC FILINGS

NAME: MERIDIAN FARM, L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan - Ext# 2955

EXAMINER'S INITIALS

RECEIVED
06 OCT 26 PM 4:21
FLORIDA

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