PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
01 DEC 19 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002418

**1.** Limited Liability Company's Name
PRICE CITRUS, L.C.

REINSTATEMENT 2001

| **2.** Principal Office Address | | **3.** Mailing Office Address | |
|---|---|---|---|
| P.O. DRAWER 511447 | | P.O. DRAWER 511447 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| c/o JACK O. HACKETT | | c/o JACK O. HACKETT | |
| City & State | | City & State | |
| PUNTA GORDA, FL | | PUNTA GORDA, FL | |
| Zip | Country | Zip | Country |
| 33951-1447 | USA | 33951-1447 | USA |

**4.** State/Country of Formation
FLORIDA

**5.** Date Organized or Qualified To Do Business in Florida 3/2/2000

**6.** FEI Number 59-3659373 ☐ 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
JACK O. HACKETT II, ESQUIRE

500004735325--0
-12/21/01--01007--008
****150.00 ****150.00

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

Suite, Apt. #, Etc.

| City | State | Zip Code |
|---|---|---|
| PUNTA GORDA | FL | 33950 |

**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 X _____ Date X 12/17/01

REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

**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 |
|---|---|---|---|
| MGR | PRICE, LINDA B. | 1380 80TH STREET, SOUTH | ST. PETERSBURG, FL 37707 |
| | | | |
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**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 Linda B. Price Date Nov. 5-01 Daytime Phone # 727-345-3758 ~~941-639-1158~~

Typed or printed name of signing Managing Member/Manager LINDA B. PRICE, MANAGER