

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000007780

1. Entity Name  
SOUTHERN OAKS TREE FARM, LLC



Principal Place of Business  
8985 RUSSOS ROAD  
FORT PIERCE, FL 34951

Mailing Address  
8985 RUSSOS ROAD  
FORT PIERCE, FL 34951

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

8801 Indris Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Pierce, FL

Zip

Country

Zip

34951

Country

USA

09292008 REIN-LLC CR2E101 (1/07)

4. FEI Number  
65-1021005

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, DANIEL C III  
9406 BUNTING LANE  
FT. PIERCE, FL 34951

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75  
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SCOTT, DANIEL C III  
9406 BUNTING LANE  
FT. PIERCE, FL 34951 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
RUSSAKIS, NICHOLAS  
8985 RUSSOS ROAD  
FORT PIERCE, FL 34951 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
400137208304  
10/23/08--01021--011 \*\*138.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

REINSTATEMENT

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/29/08

Date

772-216-9800

Daytime Phone #