PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM,

FILED

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

LIMITED LIABILITY

COMPANY

REINSTATEMENT

1. Limited Liability Company's Name TLC FARM, LLC 2. Principal Office Address At 3 Box 390H J.D. Box 9 4. State/Country of Formation ARHANSAS Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida 1-JY-2000 City & State City & State City & State Applie Applie To Country Zip Country Zip Country Zip Country Zip Country Applie B. Name and Address of Current Registered Agent Name Name Street Agress (P.O. Box Number is Not Acceptable) Street Agress (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida 7-JY-2000 6. FEI Number 59-3694327 Not A 7. CERTIFICATE OF STATUS DESIRED TO DESIRED Suite, Apt. #, etc. 8. Name and Address of Current Registered Agent Name Street Agress (P.O. Box Number is Not Acceptable) -12/28/010106901 Suite, Apt. #, etc.	
Suite, Apt. #, etc. Suite Organized or Qualified To Do Business in Florida To Do Business in Florida	
Suite, Apt. #, etc. Suite, Apple Suite, Apple Suite, Apple Suite, Apple Suite, Apple Su	
City & State Country Zip Country Zip Country Zip Country USA CERTIFICATE OF STATUS DESIRED Sign Additionables (Correct Registered Agent) Name Registered Agent Name CERTIFICATE OF STATUS DESIRED Street Address (P.O. Box Number is Not Acceptable) City & State Street Address (P.O. Box Number is Not Acceptable) City & State Country CERTIFICATE OF STATUS DESIRED COUNTRACER Street Address (P.O. Box Number is Not Acceptable) City & State Country CERTIFICATE OF STATUS DESIRED COUNTRACER COUNTRACER Street Address (P.O. Box Number is Not Acceptable) CITY & State COUNTRACER COUNTRA	
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32066 U.S.A 7274Y U.S.A CERTIFICATE OF STATUS DESIRED COORDINATED	plicable
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City MAYO State Zip Code FL 32066	
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.	(9/01)
Signature of Registered Agent Houley Bouleand REGISTER DAGENT MUST SIGN Date 12/13/01	CR2E041 (9/01)
10. Names and Street Addresses of Managing Members/Managers	
Titles Name of Street Address of Each Managing Members/Managers Managing Member/Manager City / State / Zip	∦ -
MGR MICHAEL J. LATTA 502 W. LAKEVIEW DR SPRINGDALE, AR. 72	764
DENOTAL dec	
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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 fling this reinstatement application the reason for dissolution by been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., a all fees evode by the limited liability company have been pair. The information indicated on this application is true and accurate, and my signature shall have the same leg as if made under oath. Signature of Managing Member/Manager Date //-/	nd that