


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L 00000008578</b>			
1. Limited Liability Company's Name <b>TLC FARM, LLC</b>			
2. Principal Office Address <b>RT 3 Box 390H</b> Suite, Apt. #, etc. City & State <b>MAYO, FL</b> Zip <b>32066</b> Country <b>USA</b>		3. Mailing Office Address <b>P.O. Box 9</b> Suite, Apt. #, etc. City & State <b>LINCOLN, AR</b> Zip <b>72744</b> Country <b>USA</b>	
4. State/Country of Formation <b>ARKANSAS</b>		5. Date Organized or Qualified To Do Business in Florida <b>7-14-2000</b>	
6. FEI Number <b>59-3694327</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name <b>HARLEY BONTRAGER</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>RT. 3 Box 390H</b>			
Suite, Apt. #, Etc.			
City <b>MAYO</b>		State <b>FL</b> Zip Code <b>32066</b>	
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 <b>Harley Bontrager</b>		Date <b>12/13/01</b>	
REGISTERED AGENT MUST SIGN			
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
<b>MGR</b>	<b>MICHAEL J. LATTA</b>	<b>502 W. LAKEVIEW DR</b>	<b>SPRINGDALE, AR. 72764</b>
<b>REINSTATEMENT</b> <b>01</b> <b>dec</b>			
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 <b>Michael J. Latta</b>		Date <b>11-1-01</b> Daytime Phone <b>800-824-2599</b>	
Typed or printed name of signing Managing Member/Manager <b>MICHAEL J. LATTA</b>			

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA