

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

8578

FILED

1. DOCUMENT # L00000008578
Name and Mailing Address

03 JAN 31 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA **100011589774**
01/31/03--01044--002 **200.00

0008230 01 FP 0.352 **PRSRT T5 0 0615 72744-000909
TLC FARM, LLC
P.O. BOX 9
LINCOLN AR 72744-0009



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business RT 3 BOX 390H MAYO FL 32066		5. Date Organized or Qualified To Do Business in Florida 07/14/2000	
3. New Principal Place of Business Address 1083 SW CR 351 City, State, Zip Mayo, FL 32066		6. FEI Number 59-3694327 Applied For Not Applicable	
8. Name and Address of Current Registered Agent BONTRAGER, HARLEY RT 3 BOX 390H MAYO FL 32066		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 <i>Harley Bontrager</i> Date <i>1-28-03</i> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LATTA, MICHAEL J	502 W. LAKEVIEW DR	SPRINGDALE AR 72764

REINSTATEMENT 02-03
dec

12. 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 *Mike Latta* Date *1-22-03* Daytime Phone # *(479) 824-3282*

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)