

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 NOV -2 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 00000010454

1. Limited Liability Company's Name

H&L FARM, LLC

2. Principal Office Address

2574 N.E. JUNIPER DR

Suite, Apt. #, etc.

City & State

LEE, FL.

Zip
32059

Country

3. Mailing Office Address

4018 CHURCHILL DR

Suite, Apt. #, etc.

City & State

FAYETTEVILLE, AR

Zip

72701

Country

4. State/Country of Formation

FLORIDA / MADISON

**5. Date Organized or Qualified
To Do Business in Florida**

8/23/01

6. FEI Number

59-3665379

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$3.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

HOWARD HAMILTON

600004686106-2

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

2574 N.E. JUNIPER DR

-11/16/01--01094--020

Suite, Apt. #, Etc.

*****150.00 ***150.00**

City

Lee

State

FL

Zip Code

32059

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

Howard R. Hamilton

Date

10/29/01

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
MANAGER	Howard Hamilton	4018 CHURCHILL DR	Fayetteville, AR 72701
"	MIKE LATTA	502 LAKEVIEW DR	SPRINGDALE, AR 72764

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

Howard R. Hamilton

Date

10/29/01

Daytime Phone #

501-575-1046

Typed or printed name of signing Managing Member/Manager

HOWARD HAMILTON

CR2E041 (9/01)