

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000011419

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED

03 FEB 25 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600013085626
02/25/03--01028--005 **200.00

DOCUMENT #

1. Limited Liability Company's Name

Oaklane Dairy L.C.
L00000011419

2. Principal Office Address

9800 Plummer Rd

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32219

Country

Duval

3. Mailing Office Address

9800 Plummer Rd

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32219

Country

Duval

4. State/Country of Formation

FL / Duval

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3681503

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Blackburn + Company L.C.

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

5150 Belfort Road South

Suite, Apt. #, Etc.

Building 500

City

Jacksonville

State

FL

Zip Code

32256

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/24/03

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
Pres.	Dale E. Hanson	9800 Plummer Rd	Jacksonville, FL 32219

REINSTATEMENT

02-03

dec

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

[Signature]

Date

2/21/03

Daytime Phone #

(904) 707-5747

Typed or printed name of signing Managing Member/Manager

DALE E. HANSON