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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT — DEPARTMENT OF STATE — Jim Smith, Secretary of State — DIVISION OF CORPORATIONS

L00000011877

FILED
02 NOV 25 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000011877

Name and Mailing Address

400009209554
11/25/02--01089--002 **150.00

0005516 01 FP 0.352 **PRSRT T7 0 0815 34105-324515

5 ACROSS FARM L.L.C.
515 WILWOOD LANE
NAPLES FL 34105-3245

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 09/27/2000

Principal Place of Business: 515 WILWOOD LANE, NAPLES FL 34105

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number ~~APPLIED FOR~~ 31-1771454 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

STANNER, H. KENT
515 WILWOOD LANE
NAPLES FL 34105

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 H Kent Stanner Date

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
MGRM	STANNER, H. KENT	515 WILWOOD LANE	NAPLESFL 34105

REINSTATEMENT 2002

12/2 mst

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 H Kent Stanner Date 11/15/02 Daytime Phone # 216-436-3475

Typed or printed name of signing Managing Member/Manager H. Kent Stanner