

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 9:39

SECRETARY OF STATE
FLORIDA

300008696743

10/30/02--01046--002 **150.00

0007590 01 FP 0.352 **PRSRT T3 0 0615 33187-171655



FULL BLOOM FARMS, LLC
17455 SW 157 AVE
MIAMI FL 33187-1716



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
3. New Principal Place of Business Address City, State, Zip		3. Date Organized or Qualified To Do Business in Florida 11/03/2000	
Principal Place of Business 17455 SW 157 AVE MIAMI FL 33187		6. FEI Number 65-1110335 APPLIED FOR	
		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 AMERICAN INFORMATION SERVICES INC ONE SE THIRD AVE 28TH FLOOR MIAMI FL 33131	9. Name and Address of New Registered Agent Name: ENRIQUE YANES Street Address (P.O. Box Number is Not Acceptable): 17455 SW 157 AVENUE City: MIAMI FL Zip Code: 33187
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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: [Signature] Date: 10/22/02

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	LOVELL, WARREN	17455 SW 157 AVE	MIAMI FL 33187
MGRM	LOVELL, JEFFREY	17455 SW 157 AVE	MIAMI FL 33187
MGRM	YANES, ENRIQUE	17455 SW 157 AVE	MIAMI FL 33187

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: ENRIQUE YANES Date: 10/22/02 Daytime Phone #: 305-235-7683

Typed or printed name of signing Managing Member/Manager