

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

02 JAN 31 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000015341**

1. Limited Liability Company's Name

FLORES Boys Harvesting

10/16/01

2. Principal Office Address

400 S. Rd 29

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 2727

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1990

6. FEI Number

65-1062610

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Felda

City & State

LaBelle

FI

Zip

33220

Country

USA

Zip

33975

Country

USA

8. Name and Address of Current Registered Agent

Name

Juan Pablo Flores

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

400 NSR 29

Suite, Apt. #, Etc.

100004912421-6

-02/13/02--01002--002

******200.00 ****200.00**

City

Felda

State

FL

Zip Code

33220

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 **10-24-01**

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
MGR	Juan Flores SR	400 SR 29	Felda, FI 33220
MGR	Jose Flores	400 SR 29	Felda, FI 33220
MGR	Refugio Flores	400 SRd 29	Felda, FI 33220

REINSTATEMENT

01-02

[Signature]

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 **10/24/01**

Daytime Phone # **863-675-9355**

Typed or printed name of signing Managing Member/Manager