

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2006 JUL 26 PM 12:03

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015388

1. Limited Liability Company's Name

Monticello Tree Farm LLC

CR2E041 (8/05)

2. Principal Office Address

2689 n salt rd

Suite, Apt. #, etc.

City & State

monticello, fl

Zip

32344

Country

usa

3. Mailing Office Address

~~2689 n salt rd~~

Suite, Apt. #, etc.

City & State

monticello, fl

Zip

32344 5

Country

usa

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

2.13.2000

6. FEI Number

59-3691217

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

James Frank Yaun jr

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

2689 n salt rd

Suite, Apt. #, Etc.

City

monticello

State

FL

Zip Code

32344

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

REGISTERED AGENT MUST SIGN

Date

2/26/06

**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
mgrm	james f yaun jr	2689 n salt rd	monticello, fl 32344

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REINSTATEMENT 0.06 SA

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

Date

2/26/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager