


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS													
<b>DOCUMENT #</b> L01-1640															
<b>1. Limited Liability Company's Name</b> Moonbeam M <sup>s</sup> Swine, LLC															
<b>2. Principal Office Address - No P.O. Box #</b> 1931 SE 19 <sup>th</sup> Ave Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 80 Florian Lane Suite, Apt. #, etc.													
<b>City &amp; State</b> Lauderdale By The Sea, FL Zip: 33062		<b>City &amp; State</b> Fletcher, NC Zip: 28732													
<b>4. State/Country of Formation</b> Florida		<b>5. Date Organized or Qualified To Do Business in Florida</b> 2/1/01													
<b>6. FEI Number</b> 65 1074199		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable													
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		\$5.00 Additional Fee required for Certificate of Status													
<b>8. Name and Address of Current Registered Agent</b> Name: Thomas R. Arzberger Street Address (P.O. Box Number is Not Acceptable): 1931 SE 19 <sup>th</sup> Ave Suite, Apt. #, Etc.: City: Lauderdale By The Sea, State: FL, Zip Code: 33062															
<input checked="" type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.															
<b>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.</b> Signature of Registered Agent: <i>Thomas R. Arzberger</i> Date: 6/13/09 REGISTERED AGENT MUST SIGN															
<b>10. Names and Street Addresses of Managing Members/Managers</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>Thomas R. Arzberger</td> <td>1931 SE 19<sup>th</sup> Ave</td> <td>Lauderdale By The Sea, Florida, 33062</td> </tr> <tr> <td>MGRM</td> <td>Deborah B Arzberger</td> <td>1931 SE 15<sup>th</sup> Ave</td> <td>Lauderdale By The Sea, FL 33062</td> </tr> </tbody> </table>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	Thomas R. Arzberger	1931 SE 19 <sup>th</sup> Ave	Lauderdale By The Sea, Florida, 33062	MGRM	Deborah B Arzberger	1931 SE 15 <sup>th</sup> Ave	Lauderdale By The Sea, FL 33062
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip												
MGR	Thomas R. Arzberger	1931 SE 19 <sup>th</sup> Ave	Lauderdale By The Sea, Florida, 33062												
MGRM	Deborah B Arzberger	1931 SE 15 <sup>th</sup> Ave	Lauderdale By The Sea, FL 33062												
<b>REINSTATEMENT 07-09AL</b>															
<b>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.</b> Signature of Managing Member/Manager: <i>Thomas R. Arzberger</i> Date: 6/13/09 Daytime Phone #: 828-335-1901															
Typed or printed name of signing Managing Member/Manager:															

000157364320  
06/17/09--01060--004 \*\*416.25

CR2E041 (10/08)