

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 DEC -4 PM 1:58

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000003609

Name and Mailing Address

0013240 01 AT 0.292 **AUTO TB 1 0615 34973-117171



FLORIDA ONE FARMS, L.L.C.
P.O. BOX 1171
OKEECHOBEE FL 34973-1171

700025200247
12/04/03--01003--021 **150.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

1873 NW 3RD LANE
OKEECHOBEE FL 34974

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

03/08/2001

6. FEI Number

NOT APPLICABLE

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

DAVIS, JEFF
3436 SW 35TH ST.
OKEECHOBEE FL 34974

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

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
MGR	DAVIS, JEFF	1873 NW 3RD LANE	OKEECHOBEE FL 34974

REINSTATEMENT 2003

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

[Signature]
SIGNATURE REQUIRED

Date

11/22/03

Daytime Phone #

863 763 2262

Typed or printed name of signing Managing Member/Manager