

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 NOV 26 AM 10:32

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000004302

Name and Mailing Address

0008895 01 FP 0.352 **PRSR HT 0 0615 32034-678403



HIGH FIVE FARM, LLC
603 PINEY ISLAND DRIVE
FERNANDINA BEACH FL 32034-6784



2. New Mailing Address

City, State, Zip

Principal Place of Business

603 PINEY ISLAND DRIVE
FERNANDINA BEACH FL 32034

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

03/20/2001

6. FEI Number

59-3711134

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

KING, LISA B
603 PINEY ISLAND DRIVE
FERNANDINA BEACH FL 32034

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

Lisa B. King

REGISTERED AGENT MUST SIGN

Date 11/6/02

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	Lisa B King	603 Piney Isl Dr	Fernandina Bch, FL 32034

REINSTATEMENT 2002

JB

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

Lisa B. King

Date 11/6/02

Daytime Phone # 904 753 0577

Typed or printed name of signing Managing Member/Manager