

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

L01000006710

FILED

1. DOCUMENT # L01000006710

Name and Mailing Address

0011629 01 SP 0.370 **SNGLP

0615 33820

BARTON MELON SALES L.L.C.
3101 EAST CENTRAL AVENUE
ALTURAS FL 33820

02 OCT 29 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/4/02

2. New Mailing Address

PO Box 243

Alturas, FL 33820-0243

Principal Place of Business

3101 EAST CENTRAL AVENUE
ALTURAS FL 33820

3. New Principal Place of Business Address

Same

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

04/25/2001

6. FEI Number

59-3717654

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

BARTON, ROBERT G
3101 EAST CENTRAL AVENUE
ALTURAS FL 33820

9. Name and Address of New Registered Agent

Name Same

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

600008670976

10/29/02--01099--010 **150.00

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

Robert G. Barton

REGISTERED AGENT MUST SIGN

Date 10/24/02

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
Pres	Robert G. Barton	3101 East Central Avenue	Alturas, FL 33820

REINSTATEMENT 2002

BK

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

Robert G. Barton

Date 10/24/02

Daytime Phone # 863-537-4016

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)