

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 DEC 27 PM 3: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000007750**

1. Limited Liability Company's Name

Hardacre Farm, LLC

400043652154
12/27/04--01088--021 **250.00

2. Principal Office Address

14265 N.W. 225 A

Suite, Apt. #, etc.

City & State

Reddick, FL

Zip

32686

Country

USA

3. Mailing Office Address

55 Eagle Drive

Suite, Apt. #, etc.

City & State

Bedford, MA

Zip

03110

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

May 16, 2001

6. FEI Number

59-3718779

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

Amy Tarrant

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

14265 N.W. 225 A

Suite, Apt. #, Etc.

City

Reddick

State

FL

Zip Code

32686

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

Amy Tarrant
REGISTERED AGENT MUST SIGN

Date

12/23/04

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
Mgr	Amy Tarrant	14265 N.W. 225 A	Reddick, FL 32686

REINSTATEMENT 02-04

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

Amy Tarrant
Amy Tarrant, Manager

Date

12/23/04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR20041 (10/02)