

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # L01 - 8378

1. Limited Liability Company's Name

C Farms LLC

2004 OCT 13 P 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

15201 NW 60th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 5032

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

Zip

33014

Country

USA

Zip

33014

Country

USA

4. State/Country of Formation

Florida, USA

**5. Date Organized or Qualified
To Do Business in Florida**

5/23/2001

6. FEI Number

651105557

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

Robin Garza

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

16020 Aberdeen Way

Suite, Apt. #, Etc.

City

Miami Lakes

**State
FL**

**Zip Code
33014**

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**

Robin Garza

Date

10/11/04

REGISTERED AGENT MUST SIGN

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
MGRM	White Water International, Inc	15201 NW 60th Avenue	Miami Lakes, FL 33014
MGRM	Robin Garza	16020 Aberdeen Way	Miami Lakes, FL 33014
MGRM	Chuck Hesse	15201 NW 60th Avenue	Miami Lakes, FL 33014

REINSTATEMENT

03.04
dec

700041855457
10/13/04--01050--003 **205.00

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**

Robin Garza

Date

10/11/04

Daytime Phone # 866-423-2767

Typed or printed name of signing Managing Member/Manager **Robin Garza**

CR2E041 (10/02)