2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 20, 2007
Secretary of State

DOCUMENT# L01000009394

Entity Name: TRIPLE F HARVESTING, LLC

Current Principal Place of Business:

500 N 19TH ST
38
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2727
LABELLE, FL 33975

New Mailing Address:

FEI Number: 65-1123000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FLORES, JUAN PABLO
11300 LAKELAND CIRCLE
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JUAN PABLO FLORES

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	PD	( ) Delete
Name:	FLORES, JUAN G	
Address:	PO BOX 2727	
City-St-Zip:	LABELLE, FL 33975	
Title:	STD	( ) Delete
Name:	FLORES, JUAN P	
Address:	PO BOX 2727	
City-St-Zip:	LABELLE, FL 33975	
Title:	D	( ) Delete
Name:	FLORES, JOSE	
Address:	PO BOX 2727	
City-St-Zip:	LABELLE, FL 33975	
Title:	D	( ) Delete
Name:	FLORES, REFUGIO	
Address:	PO BOX 2727	
City-St-Zip:	LABELLE, FL 33975	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JUAN PABLO FLORES STD 02/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date