

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB -4 PM 3: 58

DOCUMENT # L01000009394

1. Limited Liability Company's Name

Triple F Harvesting, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 4269 State Road 29 S		3. Mailing Office Address PO Box 2727	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Labelle, FL		City & State LaBelle, FL	
Zip 33935	Country USA	Zip 33975	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 06/12/2001	
6. FEI Number 65-1123000	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Juan Pablo Flores		
Street Address (P.O. Box Number is Not Acceptable) 4269 State Road 29 S		
Suite, Apt. #, Etc.		
City LaBelle	State FL	Zip Code 33935

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Date 1/29/09

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
MGR	Refugio Flores	4269 State Road 29 S	LaBelle, FL 33935
MGR	Jose G. Flores	4269 State Road 29 S	LaBelle, FL 33935
800142710608 02/03/09--01013--012 **1687.50			
REINSTATEMENT 12-09 SBM			
\$397.50			

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

Date 01/29/09

Daytime Phone# (863) 673-2935

Typed or printed name of signing Managing Member/Manager Jose G. Flores