

L01000013199 **FILED**

2005 DEC 28 AM 9:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L01000013199
 1. Limited Liability Company's Name
 Marablu Farms, LLC

BTR

200062440142

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CR2EM1 (8/05)

2. Principal Office Address 5600 NW 165th St. Suite, Apt. #, etc.		3. Mailing Office Address Same Same City & State Same Zip Country 32686 Marion	
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4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 8/7/2001	
6. FEI Number 80-0032312	Applied For 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 Bruce Oberfest, c/o Marablu Farm		
Street Address (P.O. Box Number is Not Acceptable) 450 E. Las Olas Blvd.		
Suite, Apt. #, Etc. Suite 850		
City Ft. Lauderdale	State FL	Zip Code 33301

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 *Bruce Oberfest* Date 12/27/05
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	A. Douglas Henderson	450 E. Las Olas Blvd. Suite 850	Ft. Lauderdale, FL 33301

REINSTATEMENT 2002-2005

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 *A. Douglas Henderson* Date 12-27-05 Daytime Phone # 954-467-3900
 Typed or printed name of signing Managing Member/Manager A. Douglas Henderson



CORPORATION SERVICE COMPANY

File 1st

L01000013199

ACCOUNT NO. : 072100000032

REFERENCE : 780436 4727731

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$ 300.00

ORDER DATE : December 27, 2005

ORDER TIME : 8:28 AM

ORDER NO. : 780436-005

CUSTOMER NO: 4727731

BK

DOMESTIC FILINGS

80-0032312

NAME: MARABLU FARM, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext# 2955

EXAMINER'S INITIALS _____

RECEIVED
 05 DEC 28 AM 10:57
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA