

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 DEC 15 PM 1:45

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000015040

Name and Mailing Address

0000231 01 AV 0,278 \*\*AUTO T1 0 0615 33131-252328



SACRAMENTO LEACHMAN TROPICAL GENETICS LLC  
600 BRICKELL AVENUE, SUITE 300R  
MIAMI FL 33131-2523



CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/30/2001	
Principal Place of Business 600 BRICKELL AVENUE, SUITE 300R MIAMI FL 33131	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1140110	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  MEYER, JAMES M 200 SOUTH BISCAYNE BLVD., SUITE 2000 C/O KILPATRICK STOCKTON LLP MIAMI FL 33131-2310	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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 ~~SIGNATURE REQUIRED~~ Date 12-09-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
D	DE AGUIAR, SEBASTIAO F	21 GRAND BAY ESTATES CIRCLE	KEY BISCAYNE FL 33149
D	LEACHMAN, LEE	600 BRICKELL AVE, STE 300R	MIAMI FL 33131
000025490950 12/15/03--01019--017 **150.00			
REINSTATEMENT 2003			

12. 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 ~~SIGNATURE REQUIRED~~ Date 12-09-03 Daytime Phone # 305-3686567

Typed or printed name of signing Managing Member/Manager