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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

03 NOV -3 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
200024379272  
11/03/03--01057--014 \*\*150.00

1. DOCUMENT # L01000016061

Name and Mailing Address

0001394 01 AT 0.292 \*\*AUTO T7 2 0615 32137-227407



WALDO TREE FARMS, LLC  
7 VIA MARINO  
PALM COAST FL 32137-2274



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/19/2001	

Principal Place of Business 7 VIA MARINO PALM COAST FL 32137		3. New Principal Place of Business Address City, State, Zip		6. FEI Number 74-3044334		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 SCHOEFFEL, MICHAEL E 7 VIZ MARIUO PALM COAST FL 32137				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 *Michael Schoeffel* REGISTERED AGENT MUST SIGN Date \_\_\_\_\_

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
MGRM	SCHOEFFEL, MICHAEL E	7 VIA MARINO	PALM COAST FL 32137
MGRM	SCHOEFFEL, JOAN C	7 VIA MARINO	PALM COAST FL 32137

REINSTATEMENT 03  
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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 *Michael Schoeffel* SIGNATURES REQUIRED Date 10/30/03 Daytime Phone 386 447 8795

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_

CR2E084 (7/03)