

10/22

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Limited Liability Company's Name
Plymouth Farms, LLC

REINSTATEMENT 2002-2003

2. Principal Office Address 9118 Great Heron Circle		3. Mailing Office Address 9118 Great Heron Circle	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32836	Country USA	Zip 32836	Country USA

4. State/Country of Formation Florida
5. Date Organized or Qualified To Do Business in Florida 09/20/01
6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$2.00 Application Fee (due up on Certificate of Status)</small>

8. Name and Address of Current Registered Agent

Name Corporation Company of Miami
Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Boulevard
Subs. Apt. #, Etc. 1600 Miami Center (MDT)
City Miami
State FL
Zip Code 33131

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 [Signature] **Date** October 28, 2003

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Benjamin F.D. Lord	9118 Great Heron Circle	Orlando, FL 32836
Mgr	Nancy F. Lord	9118 Great Heron Circle	Orlando, FL 32836

11. I certify that I am managing member/manager of the recovery of LIMITED LIABILITY COMPANY to submit 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 corrected, 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 included 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] **Date** 10/28/03 **Driving Phone #** 407-876-4041

Typed or printed name of signing Managing Member/Manager Benjamin F.D. Lord, Manager

2062

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : I20030000004
Phone : (407) 423-3200
Fax Number : (407) 843-4076

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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PLYMOUTH FARMS, LLC

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