

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000020959

Name and Mailing Address

0003656 01 FP 0.352 **PRSRT T1 0 0615 33330-300511

SUAVO FARMS, LLC
5711 HANCOCK ROAD
DAVIE FL 33330-3005

400010704534
01/24/03--01091--015 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/30/2001	
Principal Place of Business 5711 HANCOCK ROAD DAVIE FL 33330	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For <input checked="" 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 VOGEL, AMARILY S 5711 HANCOCK ROAD DAVIE FL 33330		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Date 1/4/03 _____, 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
MGR	AMARILY S VOGEL 5711 HANCOCK ROAD DAVIE, FL 33330		
	Money for 2002 validated 7/23/02		

REINSTATEMENT 2002-2003
nc 1/7/03

CR2E084 (8/02)

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

Date _____

Daytime Phone #

Typed or printed name of signing Managing Member/Manager