

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -2 AM 10:48

1. DOCUMENT # L01000022456

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0004031 01 FP 0.352 **PRSR T3 0 0615 33414-211699



GRAND PRIX FARMS, LLC
13833 WELLINGTON TRACE, SUITE 115
WELLINGTON FL 33414-2116



CR2E084 (8/02)

2. New Mailing Address

158 NE 41 ST. SUITE 109

City, State, Zip
MIAMI, FLA 33137

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/26/2001

Principal Place of Business

13833 WELLINGTON TRACE, SUITE 115
WELLINGTON FL 33414

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-0829853

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

PALMER, MICHAEL B
158 N.E. 41ST STREET, SUITE 109
MIAMI FL 33137

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

Michael B. Palmer

Date

12/26/02

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
MEM	MICHAEL B. PALMER	158 NE 41 ST. SUITE 109	MIAMI, FLA 33137

700008841257
11/06/02-01145--005 **155.00

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

Michael B. Palmer

Date

10/31/02

Daytime Phone #

561 753-7990

Typed or printed name of signing Managing Member/Manager

MICHAEL B. PALMER