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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000000117

APPLICATION FOR REINSTATEMENT OF FLORIDA LIMITED LIABILITY COMPANY

DIVISION OF CORPORATIONS

ACCEPTED AND FILED

03 APR -8 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000000117

Name and Mailing Address

200009805062
01/03/03--01031--003 **150.00

200009805062
04/08/03--01073--024 **50.00

0006656 01 FP 0.352 **PRSRT TO 0 0615 33850-321975

RXD CITRUS LIMITED CO.
775 SOUTH ILAKEE AVENUE
LAKE ALFRED FL 33850-3219

CR2E084 (8/02)

2. New Mailing Address City, State, Zip	**4.** State/Country of Formation: FL **5.** Date Organized or Qualified To Do Business in Florida: 12/26/2001
Principal Place of Business: 775 SOUTH ILAKEE AVENUE, LAKE ALFRED FL 33850 **3.** New Principal Place of Business Address City, State, Zip	**6.** FEI Number: 54-2103578 ☐ 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	**9.** Name and Address of New Registered Agent
DYKXHOORN, JACOB C 130 EAST CENTRAL AVENUE LAKE WALES FL 33853	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: Jacob C Dykxhoorn Date: 12-31-02

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
MGR	HAZLETT, H. LYNN	775 SOUTH ILAKEE AVENUE	LAKE ALFRED FL 33850

2002 - 2003

REINSTATEMENT

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: H. Lynn Hazlett Date: 12/28/02 Daytime Phone # 863 670-6719

Typed or printed name of signing Managing Member/Manager