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 SECRETARY OF STATE DIVISION OF CORPORATIONS

03 NOV -7 PM 1:21

1. DOCUMENT

Name and Mailing Address

as if made under oath

Managing Member/Manage

Signature of

0011593 01 AT 0.292 **AUTO T3 0 0615 33404-530000 المامالية السالية المالية المامالية المالية المالية المالية المالية FARM FRESH INVESTMENT, LLC 1500 AVENUE P

RIVIERA BEACH FL 33404-5300

L02000002308

2. New Mailing Address				State/Country of Formation FL			
City, State,	-Zip	<u>-</u>	5. Date Organized or Qualified 01/30/2002				
	ace of Business 00 AVENUE P	New Principal Place of B	w Principal Place of Business Address		6. FEI Number		Applied For
RIVIERA BEACH FL 33404		City, State, Zip		7. S5.00 Additional Fee requi			Not Applicable
	8. Name and Address of Current	Dayletaved Agent			ior a certificate of status		
		Name	Name and Address of New Registered Agent Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
			City FL Zip Code				
1. Names Title(s)	s and Street Addresses of Each Managing Name of Managing Members/Managers	Member/Manager	ENT MUST SIGN Claudia-LSaari ger Asst. Secretary Street Address of Each Managing Member/Manager		City / State / Zip		
Member	SHERWOOD FUND DISTRIB	utors 18615	S SHERWOOD		DETROIT,	MICHIENN	48234
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