

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 AM 11:45

DOCUMENT # L02 00000 3394

1. Limited Liability Company's Name

LINDEN FARM, L.L.C.

2. Principal Office Address - No P.O. Box #
10001 Fairchild Way

Suite, Apt. #, etc.

City & State
Coral Gables, FL

Zip
33156

Country
US

3. Mailing Office Address
10001 Fairchild Way

Suite, Apt. #, etc.

City & State
Coral Gables, FL

Zip
33156

Country
US

CR2E041 (1/07)

4. State/Country of Formation
Florida, US

5. Date Organized or Qualified
To Do Business in Florida **2/12/02**

6. FEI Number
010601821

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

Name
M & W AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable)
2101 Corporate Boulevard

Suite, Apt. #, Etc.
Suite 107

City
Boca Raton

State
FL

Zip Code
33431

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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]
REGISTERED AGENT MUST SIGN

Date **10/3/07**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Elizabeth Russo	10001 Fairchild Way	Coral Gables, FL 33156
MEM	Don Russo	10001 Fairchild Way	Coral Gables, FL 33156

REINSTATEMENT

2005-2007

400110470794
10/08/07--01014--021 **250.00

BLT

11. 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

[Signature]

Date **10-5-07**

Daytime Phone # **305 666 7660**

Typed or printed name of signing Managing Member/Manager

Elizabeth Russo