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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

04 JAN 26 AM 8:26

1. DOCUMENT # L02000003441

Name and Mailing Address

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MONTICELLO MILLING COMPANY, LLC  
700 EAST YORK STREET  
MONTICELLO FL 32344-2631



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/10/2002	
Principal Place of Business 700 EAST YORK STREET MONTICELLO FL 32344	3. New Principal Place of Business Address	6. FEI Number 03-0388429	Applied For Not Applicable
City, State, Zip		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  BIRD, T. BUCKINGHAM 385 N. JEFFERSON MONTICELLO FL 32344		9. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  300024510833 City 11/07/03--01061--005 FL **150.00	
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 Jan 20 2004	
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
MGRM	BISHOP, BENJAMIN D	739 SEVEN BRIDGES ROAD	MONTICELLO FL 32344
<div style="text-align: right; font-size: 1.2em;"> 300024510833 01/29/04--01058--008 **50.00   <b>REINSTATEMENT</b> 03-04  dce </div>			
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 1-20-04 Daytime Phone # (850) 997-5521	
Typed or printed name of signing Managing Member/Manager			

CR3E034 (7/03)