


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 8:42

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 202000013643

1. Limited Liability Company's Name
Excalibur Fruit Trees, LLC

2. Principal Office Address 5200 Fearnley Rd Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Lake Worth, FL		City & State	
Zip 33467	Country USA	Zip	Country

CR2E041 (8/05)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
5/29/02

6. FEI Number
90-0074425

7. CERTIFICATE OF STATUS DESIRED **\$5.00 Additional Fee required for a Certificate of Status**

Applied For
Not Applicable

8. Name and Address of Current Registered Agent

Name: Karen Rodgers

Street Address (P.O. Box Number is Not Acceptable): 2960 Melaleuca Dr.

Suite, Apt. #, Etc.

City: West Palm Beach State: FL Zip Code: 33406

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: Karen Rodgers REGISTERED AGENT MUST SIGN Date: 3/21/06

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Man. Member	Richard Wilson	5200 Fearnley Rd	Lake Worth, FL 33467
Man. Member	Lynda Wilson	5200 Fearnley Rd	Lake Worth, FL 33467

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REINSTATEMENT 03-06

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 608.408, 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: Lynda Wilson Date: 3/21/06 Daytime Phone #: 561-969-6982

*Typed or printed name of signing Managing Member/Manager