

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE

L02000020444

FILED

1. DOCUMENT # L02000020444

Name and Mailing Address

0012668 01 AT 0.292 **AUTO T6 0 0615 33467-600251



SOUTH POINTE FARMS, LLC
13251 52ND PLACE SOUTH
WELLINGTON FL 33467-6002

04 MAR 26 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address <u>18 LOWER CROSS RD.</u>		4. State/Country of Formation FL	
City, State, Zip <u>GREENWICH CT 06831</u>		5. Date Organized or Qualified To Do Business in Florida 08/12/2002	
Principal Place of Business 13251 52ND PLACE SOUTH WELLINGTON FL 33414		6. FET Number <u>33-1033185</u>	
3. New Principal Place of Business Address City, State, Zip		Applied For Not Applicable	
		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 LUNEBURG, DONNA V 651 SE 13TH ST. APT 207 DANIA BEACH FL 33004 LUNEBURG, RICHARD 13351 52ND PL. SO. WELLINGTON FLORIDA 33467		9. Name and Address of New Registered Agent Name LUNEBURG RICHARD Street Address (P.O. Box Number is Not Acceptable) <u>18 LOWER CROSS RD. 13351 52ND PL. SO.</u> <u>GREENWICH CT WELLINGTON FL 33467</u> City FL Zip Code 06831	
--	--	---	--

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 [Signature] **SIGNATURE REQUIRED** Date 10/25/03
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
MANAGER	RICHARD LUNEBURG	<u>18 LOWER CROSS RD.</u> <u>13351 52ND PL. SO.</u>	<u>100024866511</u> <u>02/26/04-01025-017 **50.00</u> <u>WELLINGTON FLORIDA 33467</u>
ONLY MEMBER			
			<u>100024866511</u> <u>11/20/03-01004-026 **150.00</u>
REINSTATEMENT <u>2003-2004</u>			

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 [Signature] **SIGNATURE REQUIRED** Date 10/25/03 Daytime Phone # 203-496-0133
Typed or printed name of signing Managing Member/Manager RICHARD LUNEBURG