

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-12 AM 11:41

1. DOCUMENT # L02000028831

Name and Mailing Address

0010385 01 AT 0.292 **AUTO H8 0 0615 33831-101818



B & L CATTLE COMPANY, LLC
PO BOX 1018
BARTOW FL 33831-1018



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/29/2002

Principal Place of Business

2050 LAURENT RANCH ROAD
BARTOW FL 33830

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

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

LAURENT, GEORGE
2050 LAURENT RANCH ROAD
BARTOW FL 33830

9. Name and Address of New Registered Agent

Name

Leland E. Brooker III

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

1401 Crescent Drive

City

Sebring

FL

Zip Code

33870

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/6/03

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
Pres	Leland Brooker III	1401 Crescent Drive	Sebring, FL 33870
V. Pres	George Laurent	P.O. Box 574	Bartow, FL 33831

900024568629
11/10/03 01086 008 **150.00
900024568629
11/10/03 01086 008 **155.00

REINSTATEMENT

2003

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 REQUIRED

Date 11/6/03

Daytime Phone (863) 381-2467

Typed or printed name of signing Managing Member/Manager