10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMED

			<b>`</b>	' ILLU
COMPANY REMSTATEMENT		DEPARTMENT OF STATE Secretary of State Asson of Conformions		05 JUN 4 AMII: 09  SECRETARY OF STATE FALLAHASSEE, FLORIDA
DOCUMENT # LOXOOO 30404  1. Limited Liability Company's Name				MELONIADDEE, FLORIDA
. Mid Florida America's Country			Ì	
Mid Florida America's Country Farms & Stables				
2. Principal Office Address	3. Mailing	Office Address		
16929 SW 9th Place		Semc	4. State/Coun	try of Formation
Suite, Apt. #, etc.	Suite, Apt.			Florida Alachua
		Some	5. Date Organ To Do Busi	sized or Qualified intess in Florida /////02
City & State	City & State		6. FEI Numbe	
Newberry		Samo		U2323 Not Applicable
30009 Country USA	Zip	Country	7	OF STATUS DESIRED
8. Name and Address of Current Registered Agent				
Name /a	(Lya)	T Marc		
Street Address (P.O. Box Number is Not Acceptable)				
10929 SW 5th Place				
Suite, Apt. #, Etc.				
City	·			State Zip Code
Newber	14			FL 32469
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.				
St. L 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 REGISTERED AGENT MUST SIGN				
10. Names and Street-Addresses of Managing M	embers/Manager	<del></del>		
Titles Name of Managing Members/Mana	ogers	Street Address of Ear Managing Member/Man		City / State / Zip
MGPM Jeffrey T Miner				Navkery Fl 32669
near mub, LLC		3329 W. Umy.	AVE	Gamesville Fl 32607
<u> </u>				00056026583
			06/ <b>47/7</b>	10/0501045002 **155 00
	RE	NCTATEMEN		12-200 (001)
				IXIIK
11. I certify that I am managing memberimenene	or the receiver	or trustee empowered to execute this are	olication as armid	ed for in chapter 608, F.S. I further certify that when
filing this reinstatement application the reason all facts quant by the limited liability common in	for dissolution ha	s been eliminated, the limited liability con- the information indicated on this engineers	pany name satisfic n is true and accor	ss the requirements of section 808.406, F.S., and that etc. and my signature shall have the same legal effect
as if made under cath.	7	A		
Signature of	_A	2/5/2	Deytime Phone # 392.472.199.4	
Marraging Member/Manager			-11-11-V	Doywind PTRIBE
Typed or printed name of signing Managing Memb	er/Manager			

ZofZ

## Mid Florida America's Farms & Stables FLC

26 May 2005

05 JUN 9 AMII: 09 SECRETARY OF STATE TALLAHASSEE FLORIDA

Divison of Corporations Registration Section 409 East Gaines Street Tallahassee, Florida 32399

Reference: Mid Florida America's Country Farms & Stables, LLC

Subject: Reinstatement

Dear Ms Thomas

1-spoke with Reysa earlier this week regarding our Reinstatement submittal. She said that I should re-submit once again, reminding you that we sent \$155 back at the beginning of April 05 - after discussing with your office what, how and for how much to submit.

We were told that your office would waive the additional fee, because the mailing address was wrong and I did not receive Annual Report applications nor any other information from the Division of Corporations.

Here's Mid Florida America's Country Farms and Stables, LLC reinstatement documentation, again. I am also including a copy of the letter that was sent in at the time.

Thank You.

for Mid Florida America's

Country Farms & Stables, LLC