

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

2003 NOV 19 PM 1:06

DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000033470
 Name and Mailing Address

0015224 01 MB 0.309 **AUTO T7 0 0615 02021-100515
 GREEN LANE FARM SOUTH, LLC
 15 GREEN LANE
 CANTON MA 02021-1005



CR2E084 (7/03)

2. New Mailing Address 10023 NW Hwy 27 City, State, Zip Ocala FLA 34482		4. State/Country of Formation FL	
Principal Place of Business 15 GREEN LANE CANTON MA 02021		5. Date Organized or Qualified To Do Business in Florida 12/13/2002	
3. New Principal Place of Business Address 10023 NW Hwy 27 City, State, Zip Ocala, FLA 34482		6. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent KLEIN, H. RANDOLPH 333 N.W. 3RD AVENUE OCALA FL 34475		9. Name and Address of New Registered Agent Name Francine Weiner-Govostes Street (P.O. Box Number, If Not Applicable) 10023 NW Hwy 27 City Ocala FL 34482	
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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 Francine Weiner-Govostes Date 11/10/03
 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
MGRM	WEINER-GOVOSTES, FRANCINE	15 GREEN LANE	CANTON MA 02021
MGRM	GOVOSTES, PAUL P	15 GREEN LANE	CANTON MA 02021

800024861598
 11/19/03--01064--002 **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 Francine Weiner-Govostes Date 11/10/03 Daytime Phone # 617 594-6588
352 427-1026

Typed or printed name of signing Managing Member/Manager