

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L02000034785

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # L02000034785

1. Limited Liability Company's Name
Incredible Acres, LLC

2. Principal Office Address
11901 NW 8th. Street
Suite, Apt. #, etc.

3. Mailing Office Address
11901 NW 8th. Street
Suite, Apt. #, etc.

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
12/26/02

6. FEI Number
Applied For ☐
Not Applicable ☒

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

City & State
Plantation, Florida

Zip
33325

Country
U.S.A.

8. Name and Address of Current Registered Agent

Name
Alicia Vives

Street Address (P.O. Box Number is Not Acceptable)
11901 NW 8th. Street

Suite, Apt. #, Etc.

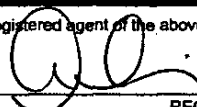
City
Plantation

State
FL

Zip Code
33325

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02/24/04--01036--005 **200.00

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  **Date** 02/13/04

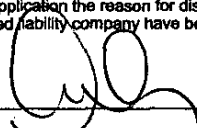
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Alicia Vives	11901 NW 8th. Street	Plantation, FL 33325

REINSTATEMENT 2003-2004

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 608.406, 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  **Date** 02/13/04 **Daytime Phone #** (954) 895-8483

Typed or printed name of signing Managing Member/Manager Alicia Vives