

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 JUL 15 PM 1:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000034968

1. Limited Liability Company's Name
Bainbridge Farms, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
2439 Appaloosa Trail

3. Mailing Office Address
12791 W. Forest Hill Blvd

Suite, Apt. #, etc.
5B

City & State
Wellington, FL

City & State
Wellington, FL

Zip Country
33414 USA

Zip Country
33414 USA

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified To Do Business in Florida
12/27/2002

6. FEI Number
65-0812034

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 additional fee required for each year of status.

8. Name and Address of Current Registered Agent

Name
Jeffrey A. Douth, P.A.

Street Address (P.O. Box Number is Not Acceptable)
7777 Glades Road

Suite, Apt. #, Etc.
300

City
Boca Raton

State Zip Code
FL 33434

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 *Jeffrey A. Douth* Date **6-11-09**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Names of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGMR	Richard A. Schechter	12765 W. Forest Hill Blvd. #1307	Wellington, FL, 33414

REINSTATEMENT 07-09 800 157 693 858
06/24/09-01031-004-#42125

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 608.408, 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]* MGR Date **6/17/09** Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager **Annelohen - MGR**