## PLEASE READ: ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## FILED LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State 07 OCT 17 PM 2: 42 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA LO300000011 **DOCUMENT#** 1. Limited Liability Company's Name SPLIT CREEK FARMS, L.L.C. CR2E041 (1/07) 2. Principal Office Address - No P.O. Box # 908 IRIS DRIVE 3. Mailing Office Address 908 IRIS DRIVE 4. State/Country of Formation FL, USA Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified 12/30/02 To Do Business in Florida City & State City & State 6. FEI Number 753092076 Applied For DELRAY BEACH, FL DELRAY BEACH, FL Not Applicable <sup>Zip</sup> 33483 Zip 33483 Country CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status USA 8. Name and Address of Current Registered Agent Name A \$100 reinstatement fee is imposed, except CHERYL L. KRISE in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this 908 IRIS DRIVE box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 reinstatement be waived. City 33483 DELRAY BEACH | FL 9. 1, 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 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager Titles City / State / Zip **MGR** CHERYL L KRISE 908 IRIS DRIVE DELRAY BEACH, FL 33483 900110695819 **REINSTATEMENT** 05.07 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. Date 10 08 07 Daytime Phone # 501-400-1367 Signature of Managing Member/Manager

Typed or printed name of signing Managing Member/Manager