


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

13 OCT 14 AM 1:40

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

| | | |
|--|---|--|
| LIMITED LIABILITY COMPANY REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # L03000004661

1. Limited Liability Company's Name
REMSBURG CATTLE COMPANY, LLC

2. Principal Office Address - No P.O. Box #
1701 SOUTHWEST STUART WEST BLVD.

3. Mailing Office Address
1701 SOUTHWEST STUART WEST BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM CITY, FL

City & State
PALM CITY, FL

Zip Country
34990 US

Zip Country
34990 US

REINSTATEMENT

09-13

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
02/06/2003

6. FEI Number
650205987

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

Name
C. CHRISTIAN SAUTTER, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
2850 NORTH ANDREWS AVE.
Suite, Apt. #, Etc.

E-mail Address:
000252825910

csautter@seisau.net

City State Zip Code
WILTON MANORS FL 33311

(To be used for future annual report notices)

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 09/27/2013
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 |
|--------|-----------------------------------|--|---------------------|
| MGRM | William Remsburg | 1701 SOUTHWEST STUART WEST BLVD. | PALM CITY, FL 34990 |
| MGRM | ROBERTA REMSBURG | 1701 SW STUART WEST BLVD | PALM CITY FL 34990 |
| | | | |
| | | | |
| | | | |

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager  Date 09/27/13 Daytime Phone # (772) 260-1545

Typed or printed name of signing Managing Member/Manager: William Remsburg MGRM



CORPORATION SERVICE COMPANY

2 of 2

ACCOUNT NO. : I20000000195

REFERENCE : 845041 98373A

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 793.75

ORDER DATE : October 14, 2013

ORDER TIME : 10:40 AM

ORDER NO. : 845041-005

CUSTOMER NO: 98373A

RECEIVED
13 OCT 14 PM 1:52
DIVISION OF CORPORATIONS

DOMESTIC FILINGS

NAME: REMSBURG CATTLE COMPANY, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 52956

EXAMINER'S INITIALS _____