

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 29 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000016036

1. Limited Liability Company's Name

TERRA-RISER TILLAGE, LLC

200115419742
01/17/08--01042--014 **\$16.25

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 10915 SW 16th St		3. Mailing Office Address PO Box 140297	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Micanopy FL		City & State Gainesville FL	
Zip 32667	Country USA	Zip 32614	Country USA

4. State/Country of Formation Florida USA	
5. Date Organized or Qualified To Do Business in Florida 5-2-2003	
6. FEI Number 263452383	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Deborah Ramey Erb	
Street Address (P.O. Box Number is Not Acceptable) 10915 SW 16th St	
Suite, Apt. #, Etc.	
City Micanopy	State FL
Zip Code 32667	

☐ 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 Deborah Erb
REGISTERED AGENT MUST SIGN

Date _____

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	Deborah R Erb	10915 SW 16th St	Micanopy FL 32667

REINSTATEMENT 06-08

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 Deborah Erb Date 1-15-08 Daytime Phone # 352-376-4888

Typed or printed name of signing Managing Member/Manager _____