L03000025428 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY		1 ·
COMPANY	FLORIDA DEPARTMENT OF STATE	FILED
REINSTATEMENT	Secretary of State	
REINSTATEWENT	DIVISION OF CORPORATIONS	08 AUG -8 PM 4: 55
1051126		of said America
DOCUMENT # L030000 25428 1. Corporation Name When Organics Development LLC		TALLAHASSEE, FLORIDA
1. Corporation Name		THOSEL, PLORIDA
lurban Organics De	very merci = -	المن المنز يسر يسر بنيو وسر الهر الوسر الها المنز يسر السر
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	,0 0	$\mathbf{I}_{\mathcal{A},\mathcal{A}}$
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	1 15/
Suite And II also		CR2E081 (12/07)
Suite, Apt. #, etc. ## 9/4	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City I State	City & State	To Do Business in Florida 7-11-03
City & State	City & State	5. FEI Number Applied For
Zip Country	Zip Country	43-2024043 Not Applicable
32308 05	32308	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
	of Current Registered Agent	
		1
Autour weight		The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable)		the prior notices. By checking this box, you
1800 Miccognillee Comp BUS		are certifying the prior notices were not
Suite, Apt. #, Etc.		received and requesting the reinstatement fee be waived.
City	State Zip Code	lee be walved.
TALLAMASER	FL 32308_	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.		
Signature of Page 8-8-08		
Registered Agent R	EGISTERED AGENT MUST SIGN	Date
9. Names and Street Addresses of Each Officer an	d/or Director (Florida nonprofit corporations must list at k	east 3 directors)
Titles Name of	Street Address of Eac	h City / State / Zio
Officers and/or Directors	Officer and/or Director	or Gity / State / Zip
Marm Antoine Wright 1800 nice who amay Bear Tollahum Fl 32308		
MAIOPE WAGE	ne mycesam (s	mas box 1 to 11 plant PC 1 Cy - 6
	EINSTATEMENT 200	5-2,004
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees		
owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		
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SIGNATURE:		8/8/08 (850)528-7714