2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE:

FILED DIVISION OF CORPORATIONS DOCUMENT # L03000037245 1. Entity Name 05 FEB 17 AM 9:41 FIVE STAR FARM LLC Principal Place of Business Mailing Address 3287 GRANDE ROAD 3287 GRANDE ROAD LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032005 REIN-LLC CR2E101 (6/04) City & State City & State Applied For 4. FEI Number 01-0599375 Not Applicable Zip_____ Country _Zip_ Country \$5.00, Additional 5. Certificate of Status Desired -----Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETERSEN, METTE Street Address (P.O. Box Number is Not Acceptable) 3287 GRANDE ROAD LOXAHATCHEE, FL 33470 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGR ☐ Delete TITLE □ Change ☐ Addition KJELLERUP, PETER NAME NAME 810 MARYBELL JANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KENNETH SQUARE, PA 19348 CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Addition Change PETERSEN, LARS NAME NAME STREET ADDRESS 3287 GRANDE ROAD STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE, FL 33470 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE REMSTATEMENT D PETERSEN, METTE NAME NAME STREET ADDRESS 3287 GRANDE ROAD STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE, FL 33470 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME 700047425277 STREET ADDRESS STREET ADDRESS 03/01/05--01004--0 CITY-ST-ZIP CITY-ST-ZIP **200.00 TITLE ☐ Delete TITLE □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITYUST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as reported by Chapter 608, Florida Statutes. 2/10/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE