

PLEASE RE

INSTRUCTIONS BEFORE COMPLETING THIS FORM

04060032680
FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 NOV -1 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

WEIRSDALE FAMILY FARMS, LLC

100111584651

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

14100 SE Hwy 42

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 587

Suite, Apt. #, etc.

City & State

Weirsdale, Florida

City & State

Weirsdale, Florida

Zip

32195

Country

US

Zip

32195

Country

US

4. State/Country of Formation

Florida, United States

5. Date Organized or Qualified To Do Business in Florida

4-29-04

6. FEI Number

20-1129360

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

RICHARD J. FRITCH

Street Address (P.O. Box Number is Not Acceptable)

14100 SE Highway 42

Suite, Apt. #, Etc.

City

Weirsdale

State

FL

Zip Code

32195

☒ 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

REGISTERED AGENT MUST SIGN

Date

11/1/07

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
Member	Richard J. Fritch	14100 SE Highway 42	Weirsdale, FL 32195
Member	Frank W. Smith	14100 SE Highway 42	Weirsdale, FL 32195

REINSTATEMENT 2005-2007

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

Date

11/1/07

Daytime Phone #

352/821-2222

Typed or printed name of signing Managing Member/Manager



CORPORATION SERVICE COMPANY

L04000032680

ACCOUNT NO. : 072100000032

REFERENCE : 299712 7273001

AUTHORIZATION

COST LIMIT : \$ 155.00

ORDER DATE : November 1, 2007

ORDER TIME : 12:16 PM

ORDER NO. : 299712-005

CUSTOMER NO: 7273001

FILED
07 NOV - 1 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: WEIRSDALE FAMILY FARMS, LLC

RECEIVED
07 NOV - 1 PM 12:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris - Ext# 2937

EXAMINER'S INITIALS