

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

10 FEB 15 AM 11:56

100168752041  
02/15/10-01027-007 \*\*377.50

CR2E041 (11/09)

DOCUMENT # L4000073299

1. Limited Liability Company's Name

Sexton Bros. Farms LLC

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

240 Sweetwater Rd  
Suite, Apt. #, etc.

3. Mailing Office Address

2262 Bahama Ave  
Suite, Apt. #, etc.

City & State

Zolfo Springs FL

Zip

33890

Country

USA

City & State

Ft. Myers FL

Zip

33905

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

10-8-04

6. FEI Number

331102547

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

Scott Sexton

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

2262 Bahama Ave

Suite, Apt. #, Etc.

City

Ft. Myers FL

State

FL

Zip Code

33905

☐ 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

[Signature]  
REGISTERED AGENT MUST SIGN

Date 2-10-10

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
Mgr	Scott J. Sexton	2262 Bahama Ave	Ft. Myers FL 33905
Mgr	Stephen J. Sexton	13121 Pebblebrook Pt. Cir	Ft. Myers FL 33905

**REINSTATEMENT** 2009-10 SSM

11. E-mail Address: N/A

(To be used for future annual report notifications)

12. 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

[Signature]

Date

2-10-10

Daytime Phone #

239-633-8102

Typed or printed name of signing Managing Member/Manager

Scott Sexton