

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 FEB -3 PH 2:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # L05000002298**

1. Limited Liability Company's Name

J P Harvesting, LLC

CR2E041 (10/08)

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

4269 State Road 29 S

Suite, Apt. #, etc.

City & State

Labelle, FL

Zip

33935

Country

USA

3. Mailing Office Address

PO Box 2727

Suite, Apt. #, etc.

City & State

LaBelle, FL

Zip

33975

Country

USA

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 01/07/2005

6. FEI Number  
20-2121944

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

Juan Pablo Flores

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

4269 State Road 29 S

Suite, Apt. #, Etc.

City

LaBelle

State

FL

Zip Code

33935

☐ 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 1/29/09

**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	Juan Pablo Flores	4269 State Road 29 S	LaBelle, FL 33935
			300142710573 02/03/09--01013--012 ***1687.50
			\$655.00
		REINSTATEMENT	\$6.09

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 01/29/09

Daytime Phone # (863) 673-2935

Typed or printed name of signing Managing Member/Manager Juan Pablo Flores

N. O. FEB - 4 2009