

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 JAN 25 AM 7:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000027298

1. Limited Liability Company's Name

Deer Meadow Farms, LLC

600166942616  
01/22/10--01016--010 \*\*823.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <b>15563 Estancia Lane</b>		3. Mailing Office Address <b>Same</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Wellington, FL</b>		City & State	
Zip <b>33414</b>	Country <b>USA</b>	Zip	Country

4. State/Country of Formation <b>Florida, USA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>March 16, 2005</b>	
6. FEI Number <b>20-2508413</b>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <b>Fritz R. Kundrun</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>15563 Estancia, Lane</b>			
Suite, Apt. #, Etc.			
City <b>Wellington</b>	State <b>FL</b>	Zip Code <b>33414</b>	

☐ 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 AgentDate **1/6/10**

REGISTERED AGENT MUST SIGN

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	Fritz R. Kundrun	15563 Estancia Lane	Wellington, FL 33414
<b>REINSTATEMENT</b> <b>2006-10</b>			<b>S. HAWKES</b> <b>JAN 26 2010</b> <b>EXAMINER</b>

11. E-mail Address: **tax@rchacpa.com**

(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/ManagerDate **1/6/10**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager **Fritz R. Kundrun**



Certified Public Accountants

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[www.rchaCPA.com](http://www.rchaCPA.com)

January 11, 2010

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Document # L05000027298**

To Whom It May Concern:

Enclosed, please find a limited liability company reinstatement application for Deer Meadow Farms LLC along with the appropriate fees of \$793.75. This amount includes fees for past years as well as the current year of 2010.

Also, please find an additional \$30.00 included for a certified copy of the Florida Articles of Organization. Total of check: \$823.75.

If you have any questions, please don't hesitate to call me at (724) 934-4880 ext 310.

Very truly yours,

RC HOLSINGER ASSOCIATES, P.C.

A handwritten signature in cursive script that reads 'Mary Jo Altman'.

Mary Jo Altman  
Staff Accountant

MJA/cmj  
Enclosures

