

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 CORPORATIONS

10 MAY 11 PM 2:00

DOCUMENT # L05000037796

1. Limited Liability Company's Name

North Florida Nurseries of Monticello, LLC

000180495020  
05/06/10--01018--015 \*\*5.00

000180495020  
05/06/10--01018--014 \*\*650.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 2261 Rabon Rd.		3. Mailing Office Address 2261 Rabon Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Monticello, FL		City & State Monticello, FL	
Zip	Country	Zip	Country

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida 4/18/2005	
6. FEI Number	Applied For 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 T. Buckingham Bird	
Street Address (P.O. Box Number is Not Acceptable) 165 E. Dogwood Street	
Suite, Apt. #, Etc.	
City Monticello	State FL
	Zip Code 32344

☐ 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

*T. Buckingham Bird*

REGISTERED AGENT MUST SIGN

Date 5/4/10

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	Franklin Hatcher	2251 Rabon Rd.	Monticello, FL 32344
MGRM	Ann Hatcher	2251 Rabon Rd.	Monticello, FL 32344

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11. E-mail Address:

(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

*H. F. Hatcher*

Date

5/4/10

Daytime Phone #

950 251-4540

Typed or printed name of signing Managing Member/Manager

T. Hampton MAY 12 2010

**BIRD & SPARKMAN, P.L.**

ATTORNEYS AT LAW  
POST OFFICE BOX 247  
MONTICELLO, FL 32345



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May 4, 2010

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

Re: North Florida Nurseries of Monticello, LLC  
Document # L05000037796

Dear Sir/Madam:

Enclosed please find a application for Limited Liability Company Reinstatement, along with trust check #6103 in the amount of \$650.00 and attorney check # 5389 in the amount of \$5.00 for a total of \$655.00 to cover the cost of reinstatement. Please note that this company has a new Registered Agent as indicated on the form. I have included an extra copy of this application to be date stamped and returned to my office in the enclosed self-addressed, stamped envelope.

Thank you for your assistance in this matter.

Should you have any questions concerning the above, please contact me.

Very truly yours,



T. Buckingham Bird

TBB/ds

Enclosures as stated