


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000093410		
1. Entity Name MANCHAC'S, LLC		

SEED
DIVISION

07 NOV 14 PM 2:52

Principal Place of Business 3911 1/2 SOUTH STATE ROAD 7 DAVIE, FL 33314	Mailing Address 3911 1/2 SOUTH STATE ROAD 7 DAVIE, FL 33314
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2. Principal Place of Business - No P.O. Box # 3911 1/2 S. ST RD 7 Suite, Apt. #, etc.	3. Mailing Address 3318 Coolidge St Suite, Apt. #, etc.
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10262007 REIN-LLC CR2E101 (1/07)

City & State DAVIE FL	City & State Hollywood FL
Zip 33314	Zip 33021
Country USA	Country USA

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MANCHAC, CHARLES 3911 1/2 SOUTH STATE ROAD 7 DAVIE, FL 33314	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
Signature, typed or printed name of registered agent and title if applicable <i>Charles Manchac</i> (NOTE: Registered Agent signature required when reinstating)	
DATE	

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANCHAC, CHARLES 3318 COOLIDGE STREET HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: <i>Charles Manchac</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date: 11-6-07 954 989 2990 Daytime Phone #