


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L06000091894		08 OCT 15 AM 8:21 700136304167 10/13/08--01027--002 **177.50 STATE OF FLORIDA 700136304167 09/24/08--01027--001 **100.00 CR2E041 (12/07)	
1. Limited Liability Company's Name Farmer Family Trust, LLC		TALLAHASSEE	
2. Principal Office Address - No P.O. Box # 1736 BISCAYNE BAY CIRCLE		3. Mailing Office Address 692 BEECHWOOD COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State JONESBORO, GA	
Zip 32218	Country US	Zip 30238	Country US
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 09/19/2006	
6. FEI Number 20-5578941		<input type="checkbox"/> 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 L. SELLERS			
Street Address (P.O. Box Number is Not Acceptable) 1736 BISCAYNE BAY CIRCLE			
Suite, Apt. #, Etc.			
City JACKSONVILLE			
State FL			
Zip Code 32218			
<input checked="" type="checkbox"/> 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 <i>Benjamin Farmer</i>		Date 9/17/08	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BEVERLY FARMER	1112 CHERRY HILL RD, APT G	BALTIMORE, MD 21225
MGR	BRADFORD FARMER	692 BEECHWOOD COURT	JONESBORO, GA 30238
MGR	BRANDON FARMER	1736 BISCAYNE BAY CIRCLE	JACKSONVILLE, FL 32218
MGR	BARRY FARMER	3322 BROTHERS PLACE SE	WASHINGTON, DC 20032
MGR	BENJAMIN FARMER	1736 BISCAYNE BAY CIRCLE	JACKSONVILLE, FL 32218
REINSTATEMENT			
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 <i>Bradford Farmer</i>		Date 9/17/08	
Typed or printed name of signing Managing Member/Manager BRADFORD FARMER		Daytime Phone # 678-458-3660	