

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 JAN 16 PM 2:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000093139

1. Limited Liability Company's Name

SWEET OAK FARM LLC

CR2E041 (10/08)

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

13773 SHEFFIELD ST

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

Zip

33414

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 09/21/2006

6. FEI Number

22-3843562

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

SHANE SWEETNAM

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

13773 SHEFFIELD ST

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

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

Shane Sweetnam

REGISTERED AGENT MUST SIGN

Date

1/12/09

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	SHANE SWEETNAM	13773 SHEFFIELD ST	WELLINGTON, FL 33414
MGRM	ALLISON OAKLEY	13773 SHEFFIELD ST	WELLINGTON, FL 33414

REINSTATEMENT

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01/16/09--01045--006 **516.25

07.09

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

Shane Sweetnam

Date

1/12/09

Daytime Phone# 561-847-0273

Typed or printed name of signing Managing Member/Manager

SHANE SWEETNAM

N. OAKLEY

JAN 16 2009