

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000019156

1. Limited Liability Company's Name

OVERSTREET FARMS, LLC

200159888582
08/24/09--01082--002 **277.50

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08/24/09--01082--002 **277.50

CR2E041 (10/08)

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

14 Highway 98

Suite, Apt. #, etc.

City & State

Mexico Beach, Florida

Zip

32456

Country

US

3. Mailing Office Address

P.O. Box 13698

Suite, Apt. #, etc.

City & State

Mexico Beach, Florida

Zip

32410

Country

US

4. State/Country of Formation

Florida, United States

5. Date Organized or Qualified

To Do Business in Florida February 20, 2007

6. FEI Number

74-3209897

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jeremy T.M. Novak

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

209 7th Street

Suite, Apt. #, Etc.

City

Port St Joe

State

FL

Zip Code

32456

☒ 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

REGISTERED AGENT MUST SIGN

Date

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	Larry G. Turner	407 Texas Drive	Mexico Beach, Florida 32456
MGRM	Thad Williams	14 Highway 98	Mexico Beach, Florida 32465

REINSTATEMENT 08,09

FILED
09 SEP - 8 AM 9:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Date

8/11/09

Daytime Phone #

850 229-4700

Typed or printed name of signing Managing Member/Manager

SEP - 8 2009