

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 OCT -3 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L07000062174**

1. Limited Liability Company's Name

**Pickthorn Farms, LLC**

CR2E041 (11/10)

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

**80 Camellia Dr**

Suite, Apt. #, etc.

3. Mailing Office Address

**PO Box 637**

Suite, Apt. #, etc.

City & State

**Monticello FL**

Zip

**32344**

Country

**US**

City & State

**Monticello FL**

Zip

**32344**

Country

**US**

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**6-13-07**

6. FEI Number

**26-0405142**

☐ 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

**Charles M Ward II**

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

**80 Camellia Dr**

Suite, Apt. #, Etc.

City

**Monticello**

State

**FL**

Zip Code

**32344**

**300212833683**  
**10/03/11--01032--021 \*\*377.50**

**REINSTATEMENT**

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

**[Signature]**

Date

**10-3-11**

REGISTERED AGENT MUST SIGN

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	Charles M Ward II	80 Camellia Dr	Monticello, FL 32344
mgrm	Rick Hoisted	80 Camellia Dr	Monticello, FL 32344
mgrm	Craig Egeland	80 Camellia Dr	Monticello, FL 32344
			<b>L. SELLERS</b>
			<b>OCT -3 2011</b>
			<b>EXAMINER</b>

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am a 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of  
Managing Member/Manager

**[Signature]**

Date

**10-3-11**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager