

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000072788

Entity Name: HOMESTEAD EDIBLES LLC

FILED  
Dec 12, 2008  
Secretary of State

**Current Principal Place of Business:**

1485 NE 1ST AVE  
FLORIDA CITY, FL 33034

**New Principal Place of Business:**

**Current Mailing Address:**

1485 NE 1ST AVE  
FLORIDA CITY, FL 33034

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HERNANDEZ, JOSELYN  
1485 S DIXIE HWY  
HOMESTEAD, FL 33033 US

**Name and Address of New Registered Agent:**

HERNANDEZ, JOSELYN  
1485 S DIXIE HWY  
FLORIDA CITY, FL 33034 US

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.

SIGNATURE: JOSELYN HERNANDEZ

12/12/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HERNANDEZ, JOSELYN  
Address: 1485 S DIXIE HWY  
City-St-Zip: HOMESTEAD, FL 33033

Title: MGRM ( ) Delete  
Name: RIOS, RALPH  
Address: 1485 S DIXIE HWY  
City-St-Zip: HOMESTEAD, FL 33033

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSELYN HERNANDEZ

MGRM

12/12/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date