

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2012 APR 24 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000083318

1. Limited Liability Company's Name

SUMMERLAND FARMS LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 177 Beacon Lane		3. Mailing Office Address 177 Beacon Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jupiter, FL		City & State Jupiter, FL	
Zip 33469	Country USA	Zip 33469	Country USA

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number	Applied For 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 Pamela T. Vance			
Street Address (P.O. Box Number is Not Acceptable) 177 Beacon Lane			
Suite, Apt. #, Etc.			
City Jupiter	State FL	Zip Code 33469	

E-mail Address:
900231047079
04/24/12--01013--016 **793.75
ptvance229@aol.com
(To be used for future annual report notices)

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 *Pamela T. Vance* Date 4/16/12
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	Pamela T. Vance	177 Beacon Lane	Jupiter, FL 33469

REINSTATEMENT 8/12
AK

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. 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 *Pamela T. Vance* Date 4/16/12 Daytime Phone # 917-514-9386
Typed or printed name of signing Managing Member/Manager Pamela T. Vance