

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 MAY 17 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000005606
1. Limited Liability Company's Name

MV Farm, LLC

2. Principal Office Address - No P.O. Box # Leopold III Straat 113		3. Mailing Office Address Leopold III Straat 113	
Suite, Apt. #, etc. 3724 Vliermaal		Suite, Apt. #, etc. 3724 Vliermaal	
City & State		City & State	
Zip	Country Belgium	Zip	Country Belgium

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 1-16-2008	
6. FEI Number NONE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name: **Judd, Ulrich, Scarlett, Wickman and Dean**

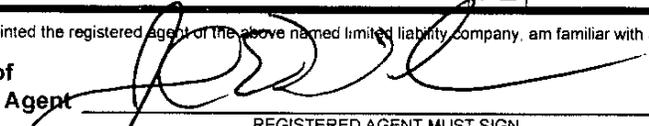
Street Address (P.O. Box Number is Not Acceptable):
2940 South Tamiami Trail

Suite, Apt. #, Etc.

City: **Sarasota** State: **FL** Zip Code: **34239**

E-mail Address:
500235201385
05/16/12--01025--013 **\$55.00
petra@vanbockrijck.de
(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:  Date: 5/10/12

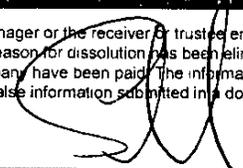
REGISTERED AGENT MUST SIGN

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
MGR	Mathieu Vanbrockryck	Leopold III Straat 113-- 3724 Vliermaal	Belgium

REINSTATEMENT 09-2012

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:  Date: 05/10/12 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____

check # 3282