PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 13 DEC 31 AM ID: 36 GROSS ARK OF STATE		
DOCUMENT # LD8000111222				SI	ECRETARY OF STATE LLAHASSEE, FLORIDA	
1. Limited Liability Company's Name Gibson Produce and Watermelon Sales LLC						
2. Principal Office Addi 2345 14th A		3. Mailing Office Address PO Box 0069		CR2E041 (1/11) 4. State/Country of Formation		
Suite, Apt. #, etc.		Suite. Apt. #, etc.		Florida/United States		
Suite 10		City & State		5. Date Orga To Do Bus	nized or Qualified 12/04/2008	
Vero Beach, FI		Vero Beach, Fl		6. FEI Number Applied For 263821229 Not Applicable		
^{Zip} 32960	Country	32961	Country	7. CERTIFICATI	S5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Robert F Gibson Street Address (P.O. Box Number is Not Acceptable) 2345 14th Ave Suite, Apt. #, Etc. Suite 10				E-mail Address: 800254877218 12/19/1301035017 **100.00 bobgibson@gibsonproduce.com		
Vero Beach			FL 32960	(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 12/17/2013 REGISTERED AGENT MUST SIGN						
Titles	Names and Street Addresses of Managing Members/Managers Name of Street Address of E Managing Members/ Managers Managing Member/ Managers				City / State / Zip	
MGR RO			2345 14th Ave Suite		Vero Beach, Fl 32960	
_				800254877218 12/81/1301007006_**25.00_		
			g a			
REINSTATEMENT						
DEC-3-1-2013						
	D HUNT					
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 filling 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 promation 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 Daytime Phone # 877.569-4168						
Typed or printed name of signing Managing Member/Manager						