

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000068902

1. Limited Liability Company's Name
SANTANA BEE POLINATION, LLC

L09000068902

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

1327 NE 6 PL

Suite Apt #, etc

City & State

CAPE CORAL

Zip

33909

Country

USA

3. Mailing Office Address

1327 NE 6 PL

Suite Apt #, etc

City & State

CAPE CORAL

Zip

33909

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

07/16/2009

6. FEI Number

27-0568666

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

ESTHER SANTANA

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

1327 NE 6 PL

Apt #, Etc

City

CAPE CORAL

State

FL

Zip Code

33909

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

08/18/2017

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of Authorized Representatives/ Managers | Street Address of Each Authorized Representative/ Manager | City / State / Zip |
|--------|--|---|-----------------------|
| MGR. | ESTHER SANTANA | 1327 NE 6 PL | CAPE CORAL, FL. 33909 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

11. E-mail Address Herbert1873@Gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Date

8/18/2017

Daytime Phone #

(954)775-6351

Typed or printed name of signing authorized representative/member

ESTHER