

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JUL 20 AM 9:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L09000096747

1. Limited Liability Company's Name

Omega Farms Of Flagler LLC

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

110 Garden Lane

Suite Apt. #, etc.

City & State

Bunnell, Florida

Zip

32110

Country

USA

3. Mailing Office Address

110 Garden Lane

Suite Apt. #, etc.

City & State

Bunnell, Florida

Zip

32110

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/01/2009

6. FEI Number

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

Sidney L. McCraney

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

110 Garden Lane

Apt. # Etc

City

Bunnell

State

FL

Zip Code

32110

700275244497
07/20/15--01041--012 **\$77.50

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

Date

REGISTERED AGENT MUST SIGN

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
AR / MMR	Sidney L. McCraney	110 Garden Lane	Bunnell, Florida 32110
AR	Marjorie McCraney as PR	3620 W CR 2006	Bunnell, Florida 32110

11. E-mail Address shapingnature@bellsouth.net

(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

7-13-15

Daytime Phone #

386-931-1830

Typed or printed name of signing authorized representative/member

Sidney L. McCraney

RE 7/21/15