

ALACR...
ns Street
FL

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000113908

1. Limited Liability Company's Name

VIRTUAL ACREAGE LLC

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

1414 ADAMS ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

HOLLYWOOD

City & State

FL

Zip

33020

Country

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/27/09

6. FEI Number

EIN 27-1391970

☐ 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

DOUGLAS BARNARD

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

1414 ADAMS ST.

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

E-mail Address:

DBARNARD@VIRTUALACREAGE.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

DCBm

Date

5/7/11

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
CEO	DOUGLAS BARNARD	1414 ADAMS ST.	HOLLYWOOD, FL 33020
MEM			

REINSTATEMENT - 2010 & 2011

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

DCBm

Date

5/7/11

Daytime Phone #

954 654 0465

Typed or printed name of signing Managing Member/Manager

DOUGLAS BARNARD