

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000138122

1. Limited Liability Company's Name

AVICULTURE LLC

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

1013 Centre Rd.

Suite, Apt. #, etc.

Suite 403-A

City & State

Wilmington, DE

Zip

19805

Country

USA

3. Mailing Office Address

1013 Centre Rd.

Suite, Apt. #, etc.

Suite 403-A

City & State

Wilmington, DE

Zip

19805

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida
12/08/2011

6. FEI Number

NA

☐ Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

FILED
14 DEC 30 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and Address of Current Registered Agent

Name

Florida Filing & Search Services, Inc.

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

155 Office Plaza Drive

Suite, Apt. #, Etc.

Suite A

City

Tallahassee

State

FL

Zip Code

32301

000267842310

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

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	CHIRIBOGA DE BUCHELI, MARIA ELENA	1541 BRICKELL AVENUE - SUITE 1806	MIAMI, FL 33129

11. E-mail Address: jeff@ailcorp.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

12/29/14

Daytime Phone #

302-421-5752

Typed or printed name of signing Authorized Representative/Manager

Jeff Tindall, Auth Rep

RG 12/30/14

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FLORIDA FILING & SEARCH SERVICES, INC. FILED

P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DEC 30 PM 12: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DATE:

12/30/14
~~12/29/14~~

NAME:

AVICULTURE LLC

TYPE OF FILING: REINSTATEMENT

COST:

382.00 50

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Attoche