

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000135334

1. Limited Liability Company's Name

ABC WAKULLA FARMS 2, LLC

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

3908 W. Millers Bridge Road

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32312-1093

Country

USA

3. Mailing Office Address

3908 W. Millers Bridge Road

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32312-1093

Country

USA

8. Name and Address of Current Registered Agent

Name

Ausley McMullen, Attn.: Robert A. Pierce, Esq.

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

123 S. Calhoun Street

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-1517

FILED

15 JUL 28 PM 3: 20

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

32-0398164

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

600275510626

07/29/15--01001--003 **377.50

REINSTATEMENT

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

Robert A. Pierce

Date

7/28/2015

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
MGR	Armand B. Coggnetta	3908 W. Millers Bridge Road	Tallahassee, Florida 32312-1093

REINSTATEMENT 2014-2015

JUL 29 2015

L. SELLERS

11. E-mail Address: shem@datfl.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

Robert A. Pierce

Date

7/28/2015

Daytime Phone #

850.224.9115

Typed or printed name of signing authorized representative/member

Robert A. Pierce, Authorized Representative