PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT DOCUMENT # Limited liability Company's Name L13000120700 GET ER DONE BAMBOO FARMS, LLC 2. Principal office Authorises - 10-P.C. Boy # 8. Maning Office Authorises 601 Hamilin Street Busin, Apr. 4, et al. Surin, Apr. 4, et al. Cry & State Nokomis, Florida Nokomis, Florida Nokomis, Florida Surin, Apr. 4, et al. Suring Sur								
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Name (P.O. Box Number is Not Acceptable) Street Address: (P.O. Box Number is Not Acceptable) 601 Hamlin Street Sure, Apt. #, Etc. 11/13/14—010/24—0/23 **A/243, 75 City Nokomis FLL 34275 Oty Nokomis FLL 34275 Oty Nokomis FLL 34275 Oty Nokomis 10. Names and Street Addresses of Authorized Representatives/Managers Titles Authorized Representatives/Managers Authorized Representatives/Managers Mr. Randolph Perry 601 Hamlin Street Nokomis, FI. 34275 11, E-mail Address: donnaperry601@comcast.net (To be used for Nurse around report nuffications) 12, Lectify that I am an authorized representatives/manager or the receiver of rigate empowered to acceptate this application is provided for in Chapter 608, F.S. Hurther certify that when the central presentation of the pr		•	h '	s	-	7. S5 00 Additional Figured		
Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Authorized Representatives/Managers Name of Authorized Representatives/ Authorized Representatives/ Managers NT. Randolph Perry 601 Hamlin Street Nokomis, FI. 34275 11, E-mail Address: donnaperv601@comcast.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 608, F.S. I further certify that when filing this reinstatement application his peece jor dissolution has been eliminated, the timede liability company name satisfies the requirements of section 605,0012, F.S., and that all fees dwed by the limited liability company name satisfies the requirements dissection 605,0012, F.S., and that all fees dwed by the limited liability company name satisfies the requirements dissection 605,0012, F.S., and that all fees dwed by the limited inability company have the same legal effect as if made under oath, I am aware that false into the original production is true and accurate, and my signature shall have the same legal effect as if made under oath, I am aware that false into the individual of the Department of State constitutes a third degree felony as provided in 8, 817-155, F.S. Signature of Representative/Manager Date 11/06/2013 Date 11/06/2013 Date 11/06/2013 Date 11/06/2013	Street Address (P.O. Box Number is Not Acceptable) 601 Hamlin Street Suite, Apt. #, Etc. City Nokomis				L 34275			
Tritles Name of Authorized Representatives Authorized Representatives (Manager Manager Nokomis, Fl. 34275 11, E-mail Address: donnaperry601@comcast.net (To be used for future annual report notifications) 12, I certify that I am an authorized representative/manager of the receiver or frustee empowered to execute this application as provided for in Chapter 608, F.S. Further certify that when filing this reinstatement application the passage for dissolution has been eliminated, the limited this provided for in Chapter 608, F.S. Further certify that all flees owed by the limited liability company of the period of the receiver or frustee empowered to execute this application as provided for in Chapter 608, F.S. Further certify that when filing this reinstatement application the passage for dissolution has been eliminated, the limited that the control of the receiver or frustee empowered to execute this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that falls in implication submitted to the Department of State constitutes a third degree fellow as provided in s. 817.155, F.S. Date 11/06/2013 Daytime Phone * 201-289-1111	Signature of Registered Agent						1/01/6 mil	
Mr. Randolph Perry 601 Hamlin Street Nokomis, Fl. 34275 11. E-mail Address: donnaperry601@comcast.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 608, F.S. I further certify that that if the sound of the sound intended the sound intended the sound of the sound intended the sound of the sound intended the sound of the sou	10. Names and Str	eet Addresses of Authorized	l Representatives/Man	nagers				
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