

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2017 OCT 17 AM 8:22

SECRETARY OF STATE  
KYLE A. HASSLER, F.S.

DOCUMENT # **L116000218945**

1. Limited Liability Company's Name  
**DE & RI Farms, LLC**

700304648107  
10/17/17-01016-015 \*\*243.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # <b>302 Goff Road</b>		3. Mailing Office Address <b>302 Goff Road</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Venus, FL</b>		City & State <b>Venus, FL</b>	
Zip <b>33960</b>	Country	Zip <b>33960</b>	Country

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida <b>12-2-2016</b>	
6. FEI Number <b>81-4767091</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a certificate of status</b>	

8. Name and Address of Current Registered Agent

Name <b>Gustavo E Casado</b>		
Street Address (P.O. Box Number is Not Acceptable) Suite, <b>8000 SW 68 Terrace</b>		
Apt. #, Etc.		
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33143</b>

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 *Gustavo E Casado*  
REGISTERED AGENT MUST SIGN

Date **10/10/2017**

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	Rigoberto Abreu	302 Goff Road	Venus, FL 33960
MBR	Deisy Lopez	302 Goff Road	Venus, FL 33960
<b>REINSTATEMENT</b>			
OCT 17 2017			
R. Filed			

11. E-mail Address: **casadog@mail.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 *Rigoberto Abreu* Date **10/10/2017** Daytime Phone # **786 512 1924**

Typed or printed name of signing authorized representative/member **Rigoberto Abreu**