

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUN -8 PM 2:10

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company **DOCUMENT # L94000000573**
Advanced Agriculture Technology, L.C.
P.O. Box 1237
Ft. Walton Beach, FL 32549

1a. Principal Place of Business Address
106 Auburn
Ft. Walton Beach, FL 32548

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		October 26, 1994		Florida	
City & State		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Zip		59-3278248			
Country		Country		5. Date of Last Report		6. Certificate of Status Desired	
				October 17, 1997		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
Alexandra R. Haught 5 Clifford Drive Shalimar, FL 32579		Name Str S City FL	

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 *Alexandra Haught* Date **6/5/98**

10. Title	Managing Member/Managers	Business Street Address	City, State & Zip Code
Man	Ralph F. Rivers	P.O. Box 1237	Ft. Walton Beach, FL 32549
Man	Andrew Nolin	P.O. Box 1237	Ft. Walton Beach, FL 32549
Man	John W. Carter	P.O. Box 1237	Ft. Walton Beach, FL 32549
Man	David D. Deaton	P.O. Box 1237	Ft. Walton Beach, FL 32549
Mem	Ralph F. & Betty M. Rivers	P.O. Box 1237	Ft. Walton Beach, FL 32549
Mem	Andrew Nolin	P.O. Box 1237	Ft. Walton Beach, FL 32549
Mem	John W. Carter	P.O. Box 1237	Ft. Walton Beach, FL 32549
Mem	David D & Kathryn B. Deaton	P.O. Box 1237	Ft. Walton Beach, FL 32549

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.

Signature of Managing Member/Manager *Ralph F. Rivers* Date **6/5/98** Daytime Phone **(850)862-9803**

Typed or printed name of signing Managing Member/Manager