

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC -8 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L95-548

1. Limited Liability Company's Name

BARTOW ETHANOL OF FLORIDA, L.C.

2. Principal Office Address

1705 E. Mann Road

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Bartow, FL

City & State

Zip

33830

Country

USA

Zip

Country

4. State/Country of Formation

Florida Polk County

5. Date Organized or Qualified
To Do Business in Florida

1995

6. FEI Number

59-3325200

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

E. Henry Schoenberger

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

1705 E. Mann Road

Suite, Apt. #, Etc.

City

Bartow

State

FL

Zip Code

33830

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

E. Henry Schoenberger
REGISTERED AGENT MUST SIGN

Date 10/25/00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Alan R. Schwartz	32429 Pinebrook Road	Pepper Pike, OH 44124
MGR	E. Henry Schoenberger	29125 Chagrin Boulevard	Pepper Pike, OH 44122
MGRM	Dean K. Ganzhorn	2300 Pinnacle Parkway	Twinsburg, OH 44067

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

E. Henry Schoenberger
E. Henry Schoenberger

Date 10/25/00 Daytime Phone # (216) 831-6388

Typed or printed name of signing Managing Member/Manager