## APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY



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

## Make Check Payable To: FLORIDA DEPARTMENT OF STATE

 Name and Mailing Address of Limited Liability Company

**DOCUMENT #** L95000000751

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FILED

97 JAN 17 AM 8: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Daytime Phone # 354 - 543 / 1570

1a. Principal Place of Business Address

GREEN PASTURES OF AMERICA L.C.							16. Filliopal Flace of Busilless Address				
14435 7TH STREET							14435 7TH STREET				
	DADE CITY	FL 33523	ugh incorrect k	nformation and ente	er correction in Black	22	EINST	ATEM	EŅŤ	96+97	
	Place of Business	oo may way, mo moo	2a. Mailing		ST CONTECUTION DIGGR	-	3. Date Organize	ed or Qualified	3a. State	of Formation	
Suite Apt #, etc			Suite, Apt. #, etc.			<b></b>	9/29/1995 4. FEI Number		FL		
						1				Applied For	
City & State			City & State				59-3334424			Not Applicable	
Ζip	V.Co.		Zip Coun		ountry		5. Date of Last P	Report	6. Certific	ate of Status Desired	
2.47	Country		1 10	140 Cooling					\$6.75 Additional Fee Required		
7. Name and Address of Current Registered Agent							8. Name and Address of New Registered Agent				
MUSSER, WILLIAM					Name						
14435 7TH STREET					Street Addr	Street Address (P.O. Box Number Is Not Acceptable)					
DADE CITY, FL 33523						, i					
					Suite, Apt.	Suite, Apt. #, etc.					
					City	City Zrp Code					
								FL			
9. I, being a	appointed the regis	stered agent of the abo	ove named lin	Nited liability comp	pany, am familiar i	with and	d accept the obliga	tions of Chapte	608, F.S.		
Signature of								1 / -	lan		
Registered /	ADED WL	llai 9.	Marie Contract	ACENT MUST SIGN			Da	ate <u>1/7</u>	19 /		
10. Title					Business Street Address			City, State & Zip Code			
MGRM	MUSSER,	WILLIAM	14435 7TH STRE			DADE C			ITY, FL 33523		
MGRM	GRM TALLEY, K. DOUGLAS 1702 DEVON				N WAY	WAY			MANAKIN-SABOT, VA		
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filma this rein	uacı anı managınç İstatement annlica	ntember/manager or	uie receiver ( Solution has b	or trustee empowe toon eliminated, th	erea to execute thi he limited liability o	is applic	calion as provided v name caticfice th	ior in chapter 60	vo, tr.5. I fül of eaction 6/	riner centry that when	

11 Lectily 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.

Date 1/1/97

Signature of Managel William Museum
Tunad or printed purpo of coming Magazina Mambari Managar