

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



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

FILED

97 JAN 17 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address
of Limited Liability Company **DOCUMENT # L95000000751**

GREEN PASTURES OF AMERICA L.C.
14435 7TH STREET
DADE CITY, FL 33523

96-97

1a. Principal Place of Business Address

14435 7TH STREET
DADE CITY, FL 33525

REINSTATEMENT

12/21/97

96-97

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

9/29/1995

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For

City & State

City & State

59-3334424

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

\$6.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

MUSSER, WILLIAM
14435 7TH STREET
DADE CITY, FL 33523

Name

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

Suite, Apt. #, etc.

City

Zip Code

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

William Musser

Date

1/7/97

REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	MUSSER, WILLIAM	14435 7TH STREET	DADE CITY, FL 33523
MGRM	TALLEY, K. DOUGLAS	1702 DEVON WAY	MANAKIN-SABOT, VA

800002065658-5
-01/23/97--01019--001
***\$107.00 ***\$107.00

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

William Musser

Date

1/7/97

Daytime Phone #

352-523-1510

Typed or printed name of signing Managing Member/Manager