L96000000133

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL 26 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000133

1. Limited Liability Company's Name

BOE FARMS, L.C.

94

MK

2. Principal Office Address	3. Mailing Office Address
2076 East Main Street	P.O. Box 463
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pahokee, FL	City & State: Pahokee, FL
Zip: 33476 Country: U.S.	Zip: 33476 Country: U.S.

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 1/29/96

6. FEI Number: 650642664 ☐ 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: Mark J. Nowicki

Street Address (P.O. Box Number is Not Acceptable): 480 Maplewood Drive

Suite, Apt. #, Etc.: Suite 2

City: Jupiter State: FL Zip Code: 33458

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 _____ Date 7-20-05

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	F. E. Boe	P.O. Box 463 N/A	Pahokee, FL 33476
MGRM	Pam Hundley	707 Mining Gap Connector	Young Harris, GA 30582
	REINSTATEMENT 1999-2005		
		200058136262 08/03/05--01047--010 **450.0	
		200058136262 08/03/05--01047--011 **5.00	

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 X F. E. Boe Date 20 July 05 Daytime Phone # 561-746-9200

Typed or printed name of signing Managing Member/Manager _____