

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 JUN -6 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L96-1346

1. Limited Liability Company's Name

GNOMIC FARMS, L.C.

2. Principal Office Address

3. Mailing Office Address

12880 Indian Mound Rd.

3693 N.W. 124th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Worth, FL 33467

Coral Springs, FL 33065

Zip

33467

Country

USA

Zip

33065

Country

USA

4. State/Country of Formation

Florida/ USA

5. Date Organized or Qualified  
To Do Business in Florida

12/26/96

6. FEI Number

65-0730042

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

Thomas W. Wiley

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

7217 NW 62nd Terrace

Suite, Apt. #, Etc.

City

Parkland

State

FL

Zip Code

33067

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

REGISTERED AGENT MUST SIGN

Date

06/02/00

**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	WILEY, THOMAS	800 Peters Road	Plantation, FL 33324

REINSTATEMENT

99-00  
dec

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

Date

5/19/00

Daytime Phone #

954-755-7939

Typed or printed name of signing Managing Member/Manager

THOMAS WILEY