

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L97000001433

FILED

1. DOCUMENT # L97000001433
Name and Mailing Address

02 NOV 13 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0006809 01 FP 0.352 **PRSR T1 0 0615 07960-633906
ADLER FARMS, L.C.
6 TRENT COURT
MORRISTOWN NJ 07960-6339



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL
Principal Place of Business 6 TRENT COURT MORRISTOWN NJ 07960		5. Date Organized or Qualified To Do Business in Florida 12/23/1997
3. New Principal Place of Business Address City, State, Zip		6. FEI Number NOT APPLICABLE
		Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent ADLER, STEVEN H 5530 NW 96TH LANE OCALA FL 34482	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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 11/5/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MRGM	ADLER, STEVEN H	6 TRENT COURT	MORRISTOWN NJ 07960

900008964999
11/13/02--01039--033 **150.00

REINSTATEMENT

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12. 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 11/5/02 Daytime Phone # 973-466-3030

Typed or printed name of signing Managing Member/Manager STEVEN ADLER

CR2E084 (8/02)