

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**

01 NOV -2 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000662

1. Limited Liability Company's Name

ASPEN FARMS L.L.C.

2. Principal Office Address

16055 W Hwy 316

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 536

Suite, Apt. #, etc.

City & State

Williston FL

Zip Country

32696 Marion

City & State

Fairfield FL

Zip Country

32634 Marion

**REINSTATEMENT** 200

4. State/Country of Formation

FI

5. Date Organized or Qualified  
To Do Business in Florida

6/98

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jonathan Elliott

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

16055 W Hwy 316

Suite, Apt. #, Etc.

City

Williston

State

FL

Zip Code

32696

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\*\*\*\*150.00 \*\*\*\*150.00

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

*Jonathan Elliott*

REGISTERED AGENT MUST SIGN

Date 10/30/01

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	Jonathan Elliott	16055 W Hwy 316	Williston, FL 32696

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

*Jonathan Elliott*

Date 10/30/01

Daytime Phone (352) 528-7600

Typed or printed name of  
Managing Member/Manager

Jonathan Elliott

CR2E041 (9/01)