

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 *LR*
 00 FEB -7 PM 1:50 *2/7*
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # *L98000001142*

1. Limited Liability Company's Name
 Lyndell Citrus & Cattle, LLC

2. Principal Office Address 1800 Sir Lancelot Cir. Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 700248 Suite, Apt. #, etc.	
City & State St. Cloud, Florida		City & State St. Cloud, Florida	
Zip 34772	Country USA	Zip 34770-0248	Country USA

4. State/Country of Formation
 Florida, USA

5. Date Organized or Qualified To Do Business in Florida
 7/17/98

6. FEI Number
 59-3527646

7. CERTIFICATE OF STATUS DESIRED **\$5.00 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name: **Keli W. Prickett**

Street Address (P.O. Box Number is Not Acceptable): **1800 Sir Lancelot Circle**

Suite, Apt. #, Etc.

City: **St. Cloud,** State: **FL** Zip Code: **34772**

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: *Keli W. Prickett* Date: *2/3/00*

REGISTERED AGENT MUST SIGN

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	Richard O'Dell Bronson, Sr. Family Trust dtd 6/13/94	1800 Sir Lancelot Circle	St. Cloud, FL 34772
MGRM	Madelyn K. Bronson Family Trust dtd 6/13/94	1800 Sir Lancelot Circle	St. Cloud, FL 34772

REINSTATEMENT *1999-2000*

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: *Madelyn K Bronson, TRUSTEE* Date: *2/3/00* Daytime Phone #: *407 891 1228*

Typed or printed name of signing Managing Member/Manager: Madelyn K. Bronson, Trustee

CR2E041 (9/99)