

**L98000001582**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

**L. SELLERS**

OCT 17 2008

From: Account Name : BERMAN, RENNERT, VOGEL & MANDLER, P.A.  
Account Number : 076103002011  
Phone : (305) 577-4177  
Fax Number : (305) 373-6036

**EXAMINER**

**REINSTATEMENT** *0408*

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**LIMITED LIABILITY REINSTATEMENT**

**SEACOAST FARMS, L.L.C.**

Certificate of Status	0
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CR2E041 (8/05)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L98000001582

1. Limited Liability Company's Name  
Seacoast Farms, LLC

2. Principal Office Address 2121 Ponce de Leon Blvd.		3. Mailing Office Address 2121 Ponce de Leon Blvd.	
Suite, Apt. #, etc. PH		Suite, Apt. #, etc. PH	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134	Country US	Zip 33134	Country US

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 8/25/1998	
6. FEI Number 65-0858504	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

8. Name and Address of Current Registered Agent	
Name Registered Agents of Florida, LLC	
Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2nd Street	
Suite, Apt. #, Etc. Suite 2900	
City Miami	State / Zip Code FL 33131

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 *Charles J. Rennert* Charles J. Rennert, V.P. Date 9/9/08  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Stuart I. Meyers	2121 Ponce de Leon Blvd., PH	Coral Gables, Florida 33134
MGRM	Jorge Lopez	2121 Ponce de Leon Blvd., PH -	Coral Gables, Florida 33134
MGRM	Joel Amaro	2121 Ponce de Leon Blvd., PH	Coral Gables, Florida 33134
MGRM	Jesus Trujillo	2121 Ponce de Leon Blvd., PH	Coral Gables, Florida 33134

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 608.408, 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 *Jorge Lopez* Date 9/9/08 Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager Jorge Lopez, Managing Member

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