

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 17 AM 9:07

DOCUMENT # L98000001042

1. Limited Liability Company's Name

CRACKER COWBOY ENTERPRISES, L.C.

2. Principal Office Address

RR 6 BOX 987

Suite, Apt. #, etc.

City & State

KEECHOBEE FL

Zip

34974

Country

UNITED STATES

3. Mailing Office Address

RR 6 BOX 987

Suite, Apt. #, etc.

City & State

KEECHOBEE FL

Zip

34974

Country

UNITED STATES

CR2E041 (8/05)

4. State/Country of Formation

UNITED STATES OF AMERICA

5. Date Organized or Qualified
To Do Business in Florida

08/27/98

6. FEI Number

650873279

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

W. BRADLEY PHARES

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

RR 6 BOX 987

Suite, Apt. #, Etc.

City

KEECHOBEE

State

FL

Zip Code

34974

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

W. Bradley Phares
REGISTERED AGENT MUST SIGN

Date 10/20/06

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	W. BRADLEY PHARES	RR 6 BOX 987	KEECHOBEE, FL 34974
MGRM	SANDRA L. PHARES	RR 6 BOX 987	KEECHOBEE, FL 34974

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10/17/06--01052--001 **305.00

REINSTATEMENT 03-06

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

W. Bradley Phares

Date 10/20/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

W. BRADLEY PHARES