

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 15 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000301

1. Limited Liability Company's Name

Celery Barn Land Company, LLC

2. Principal Office Address

266 S. Links Ave.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34236

Country

USA

3. Mailing Office Address

10740 Kasilof Blvd.

Suite, Apt. #, etc.

City & State

Anchorage, AK

Zip

99507

Country

USA

REINSTATEMENT 2001-2002

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

1-08-1999

6. FEI Number

71-0896142

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

JIM MOUNT MGR

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

770 SOUTH PALM AVE. APT. 1803

Suite, Apt. #, Etc.

City

SARASOTA, FL.

State  
FL

Zip Code

34236

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

Jim Mount

REGISTERED AGENT MUST SIGN

Date Sept 23, 2002

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
president	Lisa Simone Machamer	10740 Kasilof Blvd. MGRM	Anchorage, AK 99507

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

Lisa Simone Machamer

Date

Sept 16, 02

Daytime Phone #

(907) 346-4622

Typed or printed name of signing Managing Member/Manager

Lisa Simone Machamer