

PLEASE READ ALL INSTRUCTIONS FOR COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L99000001325

1. Limited Liability Company's Name

WRC Farms, LLC

2. Principal Office Address

1820 Ringling Blvd.

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34236

Country

3. Mailing Office Address

1820 Ringling Blvd.

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34236

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

3-9-99

6. FEI Number

65-0906478

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

Robert W. Darnell

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

1820 Ringling Blvd.

Suite, Apt. #, Etc.

City

Sarasota

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 1-7-03

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	William E. Darnell	24278 E. Akin Blacktop	Macedonia IL 62860
MGRM	Anne G. Darnell	7705 Weston Court	Bradenton FL 34202
MGRM	Clifton E. Darnell	8930 Doveland Drive	Cordova TN 38018

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

*Anne G. Darnell*

Date

1/7/03

Daytime Phone #

(941) 907-1217

Typed or printed name of signing Managing Member/Manager

Anne G. Darnell

MJH

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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