



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L99000002073</b>					
<b>1. Limited Liability Company's Name</b> RIVERVIEW FARMS OF HAVANA, LLC					
<b>2. Principal Office Address</b> 3218 Pablo Creek Way		<b>3. Mailing Office Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tallahassee, FL		City & State			
Zip 32312	Country Leon	Zip	Country		
		<b>4. State/Country of Formation</b> <div style="text-align: right;"><b>Florida</b></div>			
		<b>5. Date Organized or Qualified To Do Business in Florida</b> <div style="text-align: right;"><b>04/08/1999</b></div>			
		<b>6. FEL Number</b> 59-3572502		<b>Applied For</b> Not Applicable	
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

<b>Name</b> Gene L. Davidson		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 3218 Pablo Creek Way		
Suite, Apt. #, Etc.		
City Tallahassee, FL	State FL	Zip Code 32312

**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.

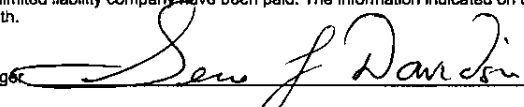
Signature of Registered Agent 	Date <u>1-19-06</u>
REGISTERED AGENT MUST SIGN	

<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Gene L. Davidson	3218 Pablo Creek Way	Tallahassee, FL 32312

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 	Date <u>1-19-06</u>	Daytime Phone # <u>850-893-1828</u>
Typed or printed name of signing Managing Member/Manager <u>Gene L. Davidson</u>		