PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 FEB 21 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002530

1. Limited Liability Company's Name
TWO SWANS FARM L.L.C.

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
13900 53RD RD SOUTH	13900 53RD RD SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WELLINGTON FL	City & State: WELLINGTON FL
Zip: 33449 Country: US	Zip: 33449 Country: US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 05/04/1999

6. FEI Number: 22-3653092 ☐ 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: CAROL F COHEN
Street Address (P.O. box Number is Not Acceptable): 13900 53RD RD SOUTH
Suite, Apt. #, etc.:
City: WELLINGTON State: FL Zip Code: 33449

E-mail Address:
kbooth@cocuyburns.com
(To be used for future annual report notices)

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: 02/20/2013
REGISTERED AGENT MUST SIGN. CAROL F COHEN, Registered Agent by: Kristine Roy, as Attorney-In-Fact

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CAROL F COHEN	13900 53RD RD SOUTH	WELLINGTON FL 33449

FEB 21 2013
T. SCOTT

11-13

11. I certify that I am a 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 608.108, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: _____ Date: 02/20/2013 Daytime Phone #: 561-694-8107

Typed or printed name of signing Managing Member/Manager: CAROL F COHEN, Manager by: Kristine Roy, as Attorney-In-Fact

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
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LIMITED LIABILITY REINSTATEMENT
TWO SWANS FARM L.L.C.

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