


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 23 AM 11:31

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L99000004114

1. Limited Liability Company's Name

Florida Citrus Partners, L.L.C.

2. Principal Office Address

12425 28th St N

Suite, Apt. #, etc.

#103

City & State

St. Petersburg, FL

Zip

33716

Country

USA

3. Mailing Office Address

12425 28th St N

Suite, Apt. #, etc.

#103

City & State

St. Petersburg, FL

Zip

33717

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

July 8, 1999

6. FEI Number 65-0953645

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

Robert M. Smith

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

12425 28th St N

Suite, Apt. #, Etc.

#103

City

St. Petersburg

State

FL

Zip Code

33716

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 May __, 2005

REGISTERED AGENT MUST SIGN

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
MGR	Pamela Jo Davis	80 Buccaneer Bend	Cape Haze, Florida 33946
MGR	Robert M. Smith	12425 28th St N	St. Petersburg, FL 33716
MGR	Gregory P. Nelson	1900 Old Dixie Hwy	Fort Pierce, FL 34946
MGR	Glen W. Reed	1900 Old Dixie Hwy	Fort Pierce, FL 34946

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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 5/17/05

Daytime Phone # 727-572-7820

Typed or printed name of signing Managing Member/Manager

Robert M. Smith

CR2EDM1 (10/02)