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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # L99000007038**

1. Limited Liability Company's Name
FOUR SEASONS PROCESSING HOLDINGS, LLC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 15000 US Highway 310 N | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Dade City, Florida | City & State |
| Zip: 33523 Country: USA | Zip Country |

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/25/1999

6. FEI Number: 59-3604502 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Ben Reese

Street Address (P.O. Box Number is Not Acceptable): 15000 US Highway 301 North

Suite, Apt. #, Etc.

City: Dade City State: FL Zip Code: 33523-2401

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: Ben Reese Date: 4/06/2004
REGISTERED AGENT MUST SIGN

CR2E041 (01/03)

10. Names and Street Addresses of Managing Members/Managers

| Title | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| MGR | Gary Viljoen | 15000 US Highway 301 North | Dade City, FL 33523 |
| COO | John Minton | 15000 US Highway 301 North | Dade City, FL 33523 |
| | | | |
| | | REINSTATEMENT | 03-04 |
| | | | |
| | | | |

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 608.408, 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: Gary Viljoen Date: 4/06/2004 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: Gary Viljoen

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# Florida Department of State

Division of Corporations
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# LIMITED LIABILITY REINSTATEMENT

## FOUR SEASONS PROCESSING HOLDINGS, LLC

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