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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000007042

1. Limited Liability Company's Name
FOUR SEASONS PROCESSING, 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: 10/26/1999

6. FEI Number: 59-3604506 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ [illegible]

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

10. Names and Street Addresses of Managing Members/Managers

Titles	Names 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 608.406, 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: [signature] Date: 4/06/2004 Daytime Phone #: ______

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

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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

FOUR SEASONS PROCESSING, LLC

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