

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

DOCUMENT # **L 9900000 7620**

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1. Limited Liability Company's Name

**FLORIDA CITRUS L.L.C.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 2001**

2. Principal Office Address

3. Mailing Office Address

**2698 STATE RD. 542 W**

4. State/Country of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Date Organized or Qualified To Do Business in Florida

**10/99**

City & State

City & State

**AUBURNDALE FL**

6. FEI Number

**59-3750936**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33823**

**VSA**

7. CERTIFICATE OF STATUS DESIRED

**\$300 Additional Fee required for Certificate of Status**

8. Name and Address of Current Registered Agent

Name

**CARL BEARD**

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

**2698 STATE RD. 542 W**

**000004702520-0**

**-12/03/01-01066-015**

Suite, Apt. #, Etc.

**\*\*\*\*150.00 \*\*\*\*150.00**

City

**AUBURNDALE**

State

**FL**

Zip Code

**33823**

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



REGISTERED AGENT MUST SIGN

Date

**11/9/01**

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
<b>MGR</b>	<b>CARL BEARD</b>	<b>2698 STATE RD. 542 W</b>	<b>AUBURNDALE, FL 33823</b>

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

**11/9/01**

Daytime Phone #

**803-967-3958**

Typed or printed name of signing Managing Member/Manager

**CARL BEARD**

CR2EM1 (9/01)