
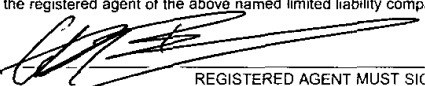
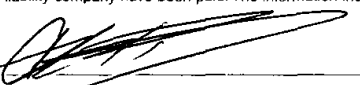


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L 9900000 7620		01 NOV 14 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Limited Liability Company's Name FLORIDA CITRUS L.L.C.		REINSTATEMENT 2001	
2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		33823	VSA
		4. State/Country of Formation	
		5. Date Organized or Qualified To Do Business in Florida 10/99	
		6. FEI Number 59-3750936	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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			
Suite, Apt. #, Etc.			
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 		Date 11/9/01	
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	CARL BEARD	2698 STATE RD. 542 W	AUBURNDALE, FL 33823
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 debts 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			

CR25041 (9/01)