

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L99000007735

1. Limited Liability Company's Name

FARM INDUSTRIES ENTERPRISES, L.L.C.

REINSTATEMENT 2000

2. Principal Office Address

941 Fourth Street

Suite, Apt. #, etc.

Suite 200-M

City & State

Miami, Florida

Zip

33139

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida, USA

**5. Date Organized or Qualified
To Do Business in Florida**

11/15/1999

6. FEI Number

☒

Applied For

☐ Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Corporate Creations Enterprises Inc.

300003465123-9

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

941 Fourth Street

11/16/00-01001-019

****150.00 ****150.00

Suite, Apt. #, Etc.

Suite 200M

City

Miami

State

FL

Zip Code

33139

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

[Signature]
LUIS A. VARIANTE

REGISTERED AGENT MUST SIGN

Date October , 2000

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
MGRM	Cypress Trading Services Limited	Sea Meadow House, Blackburne Highway, P.O. Box 116.	Road Town, Tortola British Virgin Islands

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]
Cypress Trading Services Limited
By: Nelson Afif Cury, Filho, Director

Date 10/25/00

Daytime Phone #

Typed or printed name of signing Managing Member/Manager