LIMITED LIABILITY COMPANY REINSTATEMENT  Secrétary of State Drogoch OF Corporations  BOCUMENT #  1. Luminot Liability Company's Name  BUYGILS SOURCE, SUGARMIN, L.L.C.  2. Procipied Office Address  BUYGILS SOURCE, SUGARMIN, L.L.C.  3. Mailing Office Address  BUYGILS SOURCE, SUGARMIN, L.L.C.  3. Mailing Office Address  16.49 W. GULF To LAKE Hum  Source, April, etc.  5. Only States  Source, April, etc.  5. Only States  To Deb Deplacement in Fronting  1. Lampany  1. Lampany	PLEASE READ AL	L INSTRUCTIONS BEFORE O	COMPLETI	NG THIS FORM. FILED	
1. Limited Liability Company's Name  BUYENS SOURCE, SUCARMIN, L. L. C  2. Principal Office Address  16.49 W. GULF To LAYL, Huy  3. Mailing Office Address  16.49 W. GULF To LAYL, Huy  4. States Country of Formation  W. C. LTY of F. Mountain V. C. LY OF States  LECANTO FL.  3. Mailing Office Address  5. Occurry  3. Mailing Office Address  6. Spin Supplier Office Address  7. CERTIFICATE OF STATUS DESIRED  3. Name and Address of Current Registered Agent  Name  1. Laylor Office Address  8. Name and Address of Current Registered Agent  Name  1. Laylor Office Address  8. Name and Address of Current Registered Agent  1. Laylor Office Agent  Name  1. Laylor Office Address  8. Name and Address of Current Registered Agent  1. Laylor Office Agent  Name  1. Laylor Office Agent  Name  1. Laylor Office Address  1. Laylor Office	COMPANY	Katherine Harris Secretary of State	). :	01 DEC 28 AM 10: 30	
Suite, Apt. 8, etc.  Suite, Ap	4 Limited Linkston Commends Name				
City & State  City & State  City & State  City & State  Country  C	1649 W. GULF TO LAKE	Hury	VA CI	MY OF NEWPORT NEWS	Ī
8. Name and Address of Current Registered Agent  Name  LARRY C. WEST  10000475-233  Strew Address (PO, Bold Number is Not Acceptable)  JET JOURN W. GULF TO LAKE Way  Suite, Apt. 9, Etc.  City  LARRY  City Grant D  Registered Agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.  Signature of Registered Agent Managers  Managing Member/Managers  11. Loarity 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 the reinstatement application for reason for disaction has been eliminated, the imited liability company manager as a fill made under oath of labor 100 company in the new polyment of the solution in the reason for disaction has been eliminated to a securite this application as provided for in chapter 608, F.S. I further certify that when filing the reinstatement application the reason for disaction has been eliminated to a limit ability company manager and solution as provided for in chapter 608, F.S. I further certify that when filing the reinstatement application for reason 604.60, F.S., and that a limit as in filing the reinstatement application for reason 604.60, F.S., and that a limit as in finance under oath of labor 100 company have been peal. The information needs and in table to application the reason for disaction has been elementated to accompany manager and accompany and reason documents. And the accompany and the accompany and reason for a second and all allows operange to peak the peak peak and the province of the control of the peak peak and the peak peak peak peak peak peak peak pea	LECANTO, FL.	SAME	To Do Busin	ess in Florida 2//5/00 Applied For	
Name LARRY C., WEST  Street Address (P.O. Bod Number is Not Acceptable)  1649 W. GULF TO LAKE Hwy.  Suita. Apr. #, Etc.  City Scant TO  10000476233  150.00 **********************************	المشما ما	Country			ed .
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 filling this-reinstatement application the reason for dissolution has been eliminated, 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 cath.  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 filling 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 flees or yellow 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 cath.  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 filling 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 feet or yellow the filling this reinstatement application is true and accurate, and my signature shall have the same legal effect.  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 filling this reinstatement application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement appli	Street Address (P.O. Box Number is Not Ac /G49 W. GULF Suite, Apt. #, Etc.	centable)	1	-01/03/0201034026 ****150.00 **** 150.0	00
Name of Managing Members Managers  Name of Ma	Signature of Registered Agent REGIS	TERED AGENT MUST SIGN	accept the obligation		CR2E041 (9/00)
MGR LAZRY C. W.S. 1649 W. GULF TO LAKE LISCANTO, FL. 34460  Hwy.  11. Lentity 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 o'yad 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 cath.  352 - 746 - 4088  Managing Member/Manager  Data 21401  Data 14701  Daytime Phone #	Titles Name of	Street Address of Each		Ch. / State 1.7-	1
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LADOU C WEST	filing this reinstatement application the reason for disso all fees o'sed by the limited liability company have bee as if made under oath.  Signature of	oution has been eliminated, the limited liability comp	eny name satisfies is true and accurate	the requirements of section 608.406, F.S., and that s, and my signature shall have the same legal effect $352-746-4088$	
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