

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 DEC 28 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

DOCUMENT # 1700000000341

1. Limited Liability Company's Name

BUYERS SOURCE, SUGARMILL, L.L.C

2. Principal Office Address

1649 W. GULF TO LAKE HWY

Suite, Apt. #, etc.

City & State

LECANTO, FL.

Zip

34460

Country

CITRUS

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

4. State/Country of Formation

VA, CITY OF NEWPORT NEWS

5. Date Organized or Qualified

To Do Business in Florida 2/15/00

6. FEI Number

54-963460

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name LARRY C. WEST

10000476233 --8

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

1649 W. GULF TO LAKE HWY.

Suite, Apt. #, Etc.

City

LECANTO

State

FL

Zip Code

34460

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]

Date DEC. 14, 2001

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
<u>MGR</u>	<u>LARRY C. WEST</u>	<u>1649 W. GULF TO LAKE HWY.</u>	<u>LECANTO, FL. 34460</u>

REINSTATEMENT

Dec

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 606.406, 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 2/14/01

Daytime Phone# 352-746-4088

Typed or printed name of signing Managing Member/Manager LARRY C. WEST