

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. DOCUMENT # M00000002669

02 NOV 25 AM 10:44

Name and Mailing Address

0009148 01 FP 0.352 **PRSRT HO 0 0615 32162-301561



RYMARA FARM, LLC
12961 NORTHEAST 72ND BLVD.
OXFORD FL 32162-3015

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200009209652
11/25/02--01089--007 **150.00



2. New Mailing Address

12961 N.E. 72nd Blvd.
Judy Lake FL 32162

4. State/Country of Formation
SD

5. Date Organized or Qualified
To Do Business in Florida 12/22/2000

Principal Place of Business

12961 NORTHEAST 72ND BLVD.
OXFORD FL 34484

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number 593104808
APPLIED FOR
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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

REINSTATEMENT 2002

City

FL

Zip Code

10. 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]
REGISTERED AGENT MUST SIGN

James A. Bordonaro

Assistant Secretary

Date

11/18/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MCKIE, ROD	12961 NE 72ND BLVD	OXFORD FL 34484

600008666286
10/29/02--01089--021 **150.00

12/2 11/18/02

12. 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]

Date

10/24/02

Daytime Phone #

352-689-0038

Typed or printed name of signing Managing Member/Manager