

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1872

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 10 PM 3:49

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M0000002669
Name and Mailing Address

0001415 01 AT 0.292 **AUTO T7 2 0615 32162-301561
RYMARA FARM, LLC
12961 NORTHEAST 72ND BLVD.
OXFORD FL 32162-3015



CR2E084 (7/03)

2. New Mailing Address <i>12961 NE 72nd Blvd</i>		4. State/Country of Formation SD	
City, State, Zip <i>LADY LAKE, FL 32162</i>		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 59-3704808	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) City FL Zip Code
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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: *PETER F. SOUZA*
 REGISTERED AGENT MUST SIGN
 Date: *11/6/03*

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

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: _____ Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: _____

20/2

Rymara Farm, LLC
Rod McKie
12961 NE 72nd Blvd.
Lady Lake, FL. 32162

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

October 28, 2003

RE: M00000002669

I have enclosed a check for \$50.00 for Application of Reinstatement. I did not receive any other application other than this one, just this past week, which says I need to pay \$150.00. I also noted that the address was not changed again this year and I gave you my correct address last year.

Since I did not receive any other application I am sending only the \$50.00, as I was instructed to do by the person in your office that I called today. He was very helpful and I appreciate it.

Sincerely,

Rod McKie