

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

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 # M00000002669

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



2. New Mailing Address

12961 NE 72ND BLVD
LADY LAKE, FL 32162

Principal Place of Business
12961 NORTHEAST 72ND BLVD.
OXFORD FL 34484

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
SD

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

6. FEI Number
59-3704808

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

CR2E0B4 (7/03)

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

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
ASSISTANT SECRETARY

Date 11/6/03

REGISTERED AGENT MUST SIGN

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	12981 NE 72ND BLVD	OXFORD FL 34484

100024569771
11/10/03--01095--002 **50.00

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 REQUIRED

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

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

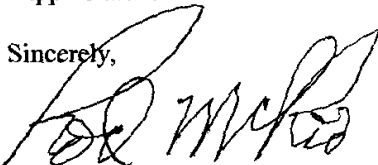
October 28, 2003

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