

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 25, 2003 8:00
Secretary of State

DOCUMENT # M010000001762

1. Limited Liability Company's Name

Farmland Dairies LLC

2. Principal Office Address

520 MAIN AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

520 main AVE

Suite, Apt. #, etc.

City & State

Wallington, NJ

Zip

07057

Country

USA

City & State

Wallington NJ

Zip

07057

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida -

8/6/01

6. FEI Number

22-0902960

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

NRAI services INC.

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

526 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

REGISTERED AGENT MUST SIGN

Date

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
CEO	M. Rosicki	520 main AVE.	Wallington, NJ 07057
CFO	A. Latha	520 main AVE.	Wallington, NJ 07057
Asst. Treas.	A. Mayzun	520 main AVE.	Wallington, NJ 07057
Asst. Sec.	A. Sweeney	520 main AVE.	Wallington, NJ 07057

REINSTATEMENT

2002-03

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 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

A. Sweeney

Date

8/8/03

Daytime Phone #

973-777-2500

Typed or printed name of signing Managing Member/Manager

A. Sweeney

CR2E041 (10/02)