

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

04 FEB 19 AM 10:31

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000002894

Name and Mailing Address

0015620 01 MB 0.309 **AUTO T8 0 0615 20198-193774

SALAMANDER FARMS, L.L.C.
3074 ZULLA ROAD
THE PLAINS VA 20198-1937

MJS



2/19

2. New Mailing Address		4. State/Country of Formation VA	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/01/2002	
Principal Place of Business 3074 ZULLA ROAD THE PLAINS VA 20198	3. New Principal Place of Business Address		6. FEI Number 01 0636981
	City, State, Zip		Applied For Not Applicable
8. Name and Address of Current Registered Agent DYE, KENNETH 13224 POLO CLUB ROAD, MB204A WELLINGTON FL 33410		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 <i>Glenda E. Johnson Kenneth M. Dye</i> Date <i>3/4/04</i> 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	JOHNSON, SHEILA	3074 ZULLA ROAD	THE PLAINS VA 20198
		300029071593 02/19/04-01015-022	**200.00
		REINSTATEMENT	<i>2003-2004</i>

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

Date *2/2/04* Daytime Phone # *540-428-3210*

Typed or printed name of signing Managing Member/Manager

Sheila Johnson

CR2E034 (7/03)