

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

1. **DOCUMENT #** M02000002894
Name and Mailing Address

DEPT. OF STATE
TALLAHASSEE FLORIDA

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



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



MMJ

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	Applied For Not Applicable
City, State, Zip		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 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
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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 *Kenneth M. Dye* Date *2/4/04*
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 2003-2004			

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 *Sheila Johnson* Date *2/2/04* Daytime Phone # *540-428-3210*
Typed or printed name of signing Managing Member/Manager *Sheila Johnson*