PLEASE READ ALL INSTRUCTION	S BEFORE COMF	PLETING THIS FORM.	
COMPANY REINSTATEMENT  LIMITED LIABILITY  FLORIDA DEPARTMENT OF STATE  Secretary of State  DIVISION OF CORPORATIONS		ZOOD OCT SECRETATION TALLAHA	
DOCUMENT # M-04 0000048/  1. Limited Liability Company's Name  New Era Produce LLC  2. Principal Office Address - No P.O. Box #  3. Mailing Office Address		I 21 A II: 19 (12/07)  TARY OF STATE CR2E041 (12/07)	= n D
10560 San Marino Pointe Dr. 10560 San Marino Pointe Dr.		tate/Country of Formation	
Suite, Apt. #, etc.  Unit 104  Unit 104  Unit 104		ate Organized or Qualified 0 Do Business in Florida	104
Miromar Lakes FL Wiromar La!	Les FL 5.1	El Number	Applied For
2200	untry 7.		ditional Fee required ertificate of Status
8. Name and Address of Current Registered Agent		/	
Grapry A. Holzhausen  Street Address (P.O. Box Number is Not Acceptable)  DOWN San Morino Point Drive  Suite, Apt. #, Etc.  Unit 104  City  Miromar Lokes  FL 33913		A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
9. I, being appointed the registered agent of the above named limited liability compare	y, am familiar with and accept th		
Signature of Registered Agent REGISTERED AGENT MUST SIGN	<b>1</b>	Date	
10. Names and Street Addresses of Managing Members/Managers			
Titles Name of Managing Members/ Managers M	Street Address of Each anaging Member/Manager	City / State / Zi	р
MGRM Gregory A. Holzhrusen Drive	San Marino to -Unit 104	Miromar Lakes,	FL-33913
MGR John K. Pruellage 50011.Br	odway Sk.2	noo St. Louis, MO (	03707
		10/20/0801068012 2001370938	**177.50
REINSTATEMENT 2007, 2007		10/20/0801068012	**177.50
11. I certify that I am managing member/manager or the receiver or trustee empowe filing this reinstatement application the reason for dissolution has been eliminated, all fees owed by the limited liability company have been paid. The information indic as if made under oath.	the limited liability company nam	ne satisfies the requirements of section 608.4	06, F.S., and that
Signature of Managing Member/Manager	Date 10.14.	B Daytime Phone# <u>239 - 8</u>	10-4757
Typed or printed name of signing Managing Member/Manager			· •.