FILED

09 DEC -2 AM 8:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

L. SELLERS

DEC -2 2009

EXAMINER

DOCUMENT # M05000000429

1. Limited Liability Company's Name
FRONTERA PARTNERSHIP MANAGEMENT L.L.C.
1321 FRONTERA ROAD
EDINBURG, TX 78541

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1321 FRONTERA ROAD		1321 FRONTERA ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
EDINBURG, TX		EDINBURG, TX	
Zip	Country	Zip	Country
78541	USA	78541	USA

4. State/Country of Formation: TEXAS

5. Date Organized or Qualified To Do Business in Florida: 01/18/2005

6. FEI Number: 74-2992544 ☐ 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: KEN NABAL

Street Address (P.O. Box Number is Not Acceptable): 1200 S. ROGERS CIRCLE

Suite, Apt. # Etc: UNIT #4

City: BOCA RATON State: FL Zip Code: 33487

☒ 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 company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Ken Nabal Date: 11/23/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JAMES W. STEELE	1321 FRONTERA ROAD	EDINBURG, TX 78541
MGR	JAMES W. STEELE JR.	1321 FRONTERA ROAD	EDINBURG, TX 78541

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REINSTATEMENT

11. E-mail Address: amy.gates@fronteraproduce.com
(To be used for future annual report notification)

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: 11/23/09 Daytime Phone #: 956-381-5701

Typed or printed name of signing Managing Member/Manager: James W. Steele Jr.