

MO7000003273

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 APR 12 AM 8:31

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # MO7000003273

1. Limited Liability Company's Name

VAC Acquisition, LLC

400175480624
04/13/10--01001--012 **277.50

NYL

CR2E041 (11/09)

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2. Principal Office Address - No P.O. Box # 2817 Cahaba Road		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Birmingham, AL		City & State NYL	
Zip 35223	Country	Zip	Country

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 20-8827669	Applied For Not Applicable
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	
Name CAPITAL CONNECTION, INC.	
Street Address (P.O. Box Number is Not Acceptable) 417 E. VIRGINIA ST.	
Suite, Apt. #, Etc. SUITE 1	
City Tallahassee	State FL
	Zip Code 32301

☒ 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

Barbara Neeley for Capital Connection, Inc. 4-12-10
REGISTERED AGENT MUST SIGN

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	Taylor Pursell	2817 Cahaba Road	Birmingham, AL 35223

REINSTATEMENT 2009-2010

11. E-mail Address: Taylor@Fertilizer.com

(To be used for future annual report notifications)

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

Tam Pursell

Date

4/12/10

Daytime Phone #

205-335-7337

Typed or printed name of signing Managing Member/Manager

Taylor Pursell