

Apr 09 04 03:33p

Lydia Lott

850-942-6446

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04 APR 2004 09:00
H04000075918SECRETARY 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	
DOCUMENT # M99000001259					
1. Limited Liability Company's Name SFE CITRUS GP, LLC					
2. Principal Office Address 15000 US Highway 310 N			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Dade City, Florida			City & State		
Zip 33523	Country USA	Zip	Country	4. State/Country of Formation Delaware	
				5. Date Organized or Qualified To Do Business in Florida 8/10/1991	
				6. FEI Number 58-3583659	Applied For Not Applicable
				7. CERTIFICATE OF STATUS DESIRED ☐ SEE INSTRUCTIONS	
8. Name and Address of Current Registered Agent					
Name Ben Reese					
Street Address (P.O. Box Number is Not Acceptable) 15000 US Highway 301 North					
Suite, Apt. #, Etc.					
City Dade City					
State FL					
Zip Code 33523-2401					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent <i>Ben Reese</i>				Date 4/06/2004	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager		City / State / Zip	
MGR	Gary Viljoen	15000 US Highway 301 North		Dade City, FL 33523	
COO	John Minton	15000 US Highway 301 North		Dade City, FL 33523	
REINSTATEMENT					
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.403, 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 <i>Gary Viljoen</i>				Date 4/06/2004	
Typed or printed name of signing Managing Member/Manager Gary Viljoen				Daytime Phone #	

C-26541 (10/02)

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Page 1 of 1

04 APR -9 AM 9:09

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT

SFE CITRUS GP, LLC

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