

FILED

04 APR -9 AM 9:17

H04000075919

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M99000001260					
1. Limited Liability Company's Name SFE CITRUS HOLDINGS, LLC					
2. Principal Office Address 15000 US Highway 310 N		3. Mailing Office Address		4. State/Country of Formation Delaware	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 8/10/1999	
City & State Dade City, Florida		City & State		6. FEI Number 59-3583661 Applied For ☐ Not Applicable ☐	
Zip 33523	Country USA	Zip	Country	7. CERTIFICATE OF STATUS DESIRED ☐ With Articles of Incorporation ☐ With Certificate of Organization ☐	
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 606, F.S.					
Signature of Registered Agent <i>Ben Reese</i>				Date 4/08/2004	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Member/Managers	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	
11. I certify that I am managing reinstatement or the receiver or trustee appointed to execute this application as provided for in chapter 606, F.S. I further certify that when filing this reinstatement application the reasons for dissolution have been eliminated, the limited liability company name satisfies the requirements of section 606.405, 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 Day/Phone #	
Typed or printed name of signing Managing Member/Manager Gary Viljoen					

H04000075919

Apr 09 04 03:34p

Lydia Lott

850-942-6446

P. 1

Division of Corporations

FILED Page 1 of 1

04 APR -9 AM 9:17

Florida Department of State
Division of Corporations
Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000075919 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : Florida Research & Filing Services, Inc.
Account Number : I20030000083
Phone : (850)656-6446
Fax Number : (850)942-6446

LIMITED LIABILITY REINSTATEMENT

SFE CITRUS HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$200.00

Electronic Filing Menu

Corporate Filing

Public Access Help

RECEIVED
04 APR -9 PM 4:17
DIVISION OF CORPORATION