## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT					DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS			FILED 2009 JAN-6 AM 8: 08		
DOCUMENT # M 9900001811  1. Limited Liability Company's Name							CALTANT OF STATE TALLAHASSEE. FLORIBA			
M&K Farms, LLC										
				office Address tleigh Drive			CR2E041 (10/08)  4. State/Country of Formation			
Suite, Apt. #, etc. Suite, Apt. #,				etc.		North Carolina  5. Date Organized or Qualified				
Suite 204         Suite 204           City & State         City & State						To Do Business in Florida 11/12/1999				
Raleigh, NC Raleigh, I				<b>√</b> C		6. FEI Number         Applied For           562166516         Not Applicable		<b>—</b> ··		
<sup>Zip</sup> 27604	· ·		Zip 27604		Country USA		7. CERTIFICATE			
8. Name and Address of Current Registered Agent										
Name Moore, Michael O.							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.			
Street Address (P.O. Box Number is Not Acceptable) 2225 A1A South										
Suite, Apt. #, Etc. Suite B3										
City St. Augustine					State Zip Code FL 32080			- " .		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accessing the second of the above named limited liability company, am familiar with and accessing the second of the above named limited liability company, am familiar with and accessing the second of the above named limited liability company, am familiar with and accessing the second of the above named limited liability company, am familiar with and accessing the second of the above named limited liability company, am familiar with and accessing the second of the above named limited liability company, am familiar with and accessing the second of the above named limited liability company, am familiar with and accessing the second of the second of the above named limited liability company, am familiar with and accessing the second of the								Date 12 - 29 - 2008		
<b>10.</b> Name	es and Street	Addresses of Managing Men	bers/Managers							
Titles Name of Managing Members/Managers				Street Address of Each Managing Member/Mana			ger	City / State / 2	Zip	
MGRM	McGee, Joseph E.			2925 Huntleigh Drive, Suite			204 Raleigh, NC 27604			
MGRM	McGee, Linda C.			2925 Huntleigh Drive, Suite			204	Raleigh, NC 27604		
							600139533636 			
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REINSTATEMENT-03-0.							4-05	-06-07-0	8	
		, at						5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
filing th all fees	nis reinstateme	ent application the reason for limited liability company have	dissolution has I	been elimin	ated, the limited liabi	ility compa	any name satisfie:	d for in chapter 608, F.S. I further s the requirements of section 608. te, and my signature shall have th	406, F.S., and that	
Signature of Managing Member/Manager Date 12/30/08 Daytime Phone # 919-981-8017										
Typed or printed name of signing Managing Member/Manager Joseph F Mcfee										