PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				TI JUL IS PM 4: 20 Secretary of State THULAHASSEE FLORIDA		
DOCUMENT # L0400003730 1. Limited Liability Company's Name								4		
V.A. Racing Stable L.L.C.							REIN	STATEMENT ZOS-11 SBH		
	el Office Addr Brickel		Mailing Office Address 1200 Brickell Avenue			ue	CR2E041 (1/11) 4. State/Country of Formation			
Sulte, Apt. 1			Suite, Apt. #, etc. No. 505				Florida/USA 5. Date Organized or Qualified To Do Business in Florida 01/14/2004			
City & State Miami, FL				City & State Miami, FL				6. FEI Number		
^{Zip} 33131		Countr	· 1 '			US	untry SA	7. CERTIFICATE	CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required torus Certificate of Status	
8. Name and Address of Current Registered Agent										
Jose C. Marrero, Esq.							E-mail Address:			
Street Address (P.O. Box Number Is Not Acceptable) 1200 Brickell Avenue							300210040613 07/15/1101031015 **1071.25			
Sulte, Apt. #, Etc. No. 505								jose@marrerolaw.com		
c _{ity} Miam i					State Zip Code FL 33131		(To be used for future annual report notices)			
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 Date 7/13/23/1										
10. Name	es and Street	Address	es of Managing Mem	bers/Managers						
Titles	Name of Managing Members/Managers			Street Address of Ead rs Managing Member/Man					City / State / ZIp	
MGRM	Victor Manuel Aiza					1200 Brickell Avenue No. 505 Miami, FL 33131				
MGR	Eduar	do A	iza	1200 Brickell Avenue N			kell Avenue I	No. 505	Miami, FL 33131	
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11. 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 filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608, F.S., and that all fees owed by the limited liability company have been pald. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information substitute is a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Managing Member/Manager Date 7/3/2/10 Daytime Phone # Typed or printed name of signing Member/Manager 7/3/2/10 Daytime Phone # Typed or printed name of signing Member/Manager 7/3/2/10 Daytime Phone # Typed or printed name of signing Member/Manager 7/3/2/10 Daytime Phone # Typed or printed name of signing Member/Manager 7/3/2/10 Daytime Phone # Typed or printed name of signing Member/Manager										
Typed or or	rinted name o	f elanina	Managing Member/I	Managar .T	04/	MA	Meno AS	DHODODY	IN FACT FOR VICTOR A MICE	