

L970000001072

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAY 20 AM 9:53

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address
of Limited Liability Company

DOCUMENT # L97000001072

HB Stables, LLC
2255 Glades Road, Suite 324 Atrium
Boca Raton, FL 33431

1a. Principal Place of Business Address

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2 Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

9/26/97

FL

4. FEI Number

650785801

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Samuel D. Ballen
2255 Glades Road
Suite 324 Atrium
Boca Raton, FL 33431

Name

Samuel D. Ballen
Street Address (P.O. Box Number is Not Acceptable)

2101 Corporate Blvd.,
Suite, Apt. #, etc

Suite 101

City

Boca Raton

FL

Zip Code

33431

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

S. D. Ballen

Date: 5/3/99

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGRM

Howard I. Belford

2255 Glades Road, Suite 324
Atrium
Boca Raton, FL 33431

Boca Raton, FL 33431

MGRM

Deborah F. Belford

2255 Glades Road, Suite 324
Atrium

Boca Raton, FL 33431

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REINSTATEMENT 198, 909

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 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

Howard I. Belford

Date

5/17/99

Daytime Phone #

561-989-5467

Typed or printed name of signing Managing Member/Manager

Howard I. Belford