PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
14 OCT -2 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT
2008 - 2014

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A32761

1 Name of Limited Partnership
Holly Lane Stud (East), Ltd.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1940 Westminster Circle,	1940 Westminster Circle,
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Vero Beach, FL	City & State: Vero Beach, FL
Zip: 32966 Country: USA	Zip: 32966 Country: USA

CR2E039 (1/11)

4. Date Formed or Registered To Do Business in Florida 03/31/1992

5. FEI Number 650346319 ☐ Applied For ☐ Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

8 Name and Address of Current Registered Agent

Name: Carl G. Santangelo, Esq.

Street Address (P.O. Box Number is Not Acceptable)
101 NE Third Ave.

Suite, Apt. #, Etc
Suite 1800

City: Fort Lauderdale FL Zip Code: 33301

7. FEES:
Filing Fee(s): $411.25 for each year due this office
Supplemental Fee(s): $88.75 for each year due this office
Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records.

E-mail Address:
Csantangelo@rprslaw.com
E-Mail address to be used for future annual report notices

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____
(REGISTERED AGENT MUST SIGN)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Holly Lane Stud, Inc.	% 3349 NE 30th Ave	Lighthouse Point, FL 33064	V24873

300255474023
02/06/14--01035--003 **700.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. In the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE _____ Manager DATE 1/24/14

Typed or Printed Name of General Partner Signing Form 5M Stables, LLC Telephone Number 954-646-2850