PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

01 OCT -3 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

REINSTATEMENT 2000

DOCUMENT # L00000011558

1. Limited Liability Company's Name

HORSESHOE VILLAGE, L.L.C.

2. Principal Office Address	**3.** Mailing Office Address
410 E. 6th Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Chuluota, FL 32766	
Zip / Country	Zip / Country
32766 / US	

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 9/20/00

6. FEI Number: 59-3690066 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Carl A. Rose

Street Address (P.O. Box Number is Not Acceptable): 410 E. 6th Street

Suite, Apt. #, Etc.:

City: Chuluota | State: FL | Zip Code: 32766

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****155.00 ****155.00

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: Carl A Rose Date: 10/01/01

REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Carl A. Rose	410 E 6th Street	Chuluota, FL 32766

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: Carl A Rose Date: 10/01/01 Daytime Phone #: 407-366-1907

Typed or printed name of signing Managing Member/Manager: Carl A. Rose