

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jill Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 NOV 21 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L00000011558

Name and Mailing Address

0000543 01 FP 0.352 \*\*PRSR T2 0 0615 32766-862310



HORSESHOE VILLAGE, LLC  
410 E. 6TH ST.  
CHULUOTA FL 32766-8623

MJH



11/21 2002

2. New Mailing Address <i>1675 Curryville Road</i>		4. State/Country of Formation FL	
City, State, Zip <i>Chuluota, FL 32766</i>		5. Date Organized or Qualified To Do Business in Florida 09/20/2000	
Principal Place of Business 410 E. 6TH ST. CHULUOTA FL 32766	3. New Principal Place of Business Address <i>1675 Curryville Rd</i>		6. FEI Number 59-3690066
City, State, Zip <i>Chuluota FL 32766</i>		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
Applied For		Not Applicable	

CR2EC84 (8/02)

8. Name and Address of Current Registered Agent  ROSE, CARL A <del>410 E. 6TH ST.</del> CHULUOTA FL 32766		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Accepted) <i>1675 Curryville Rd</i> <i>Chuluota, FL 32766</i> City FL Zip Code	
---	--	--	--

10. 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 *11-14-02*

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ROSE, CARL A	<del>410 E. 6TH ST.</del> <i>1675 Curryville Rd.</i>	CHULUOTA FL 32766
			800009152828 11/21/02 01072-011 **150.00
			800009152828 11/21/02 01072-012 **5.00

12. 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 *11-14-02* Daytime Phone *407-366-1907*

Typed or printed name of signing Managing Member/Manager