PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
01 OCT 24 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

DOCUMENT # L00000014959

1. Limited Liability Company's Name
BABE EQUINE SERVICES L.L.C.

2. Principal Office Address	**3.** Mailing Office Address
510 SE HWY 484	510 SE HWY 484
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FL	City & State: OCALA, FL
Zip: 34480 Country: U.S.A.	Zip: 34480 Country: U.S.A.

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 2000

6. FEI Number: 59-3683841 ☐ 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: BARRY BERKELHAMMER

Street Address (P.O. Box Number is Not Acceptable): 510 SE HWY 484

Suite, Apt. #, Etc.:

City: OCALA, State: FL Zip Code: 34480

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****150.00 ****150.00

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: _____ (REGISTERED AGENT MUST SIGN) Date: 10/22/01

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	BARRY BERKELHAMMER	510 SE HWY 484	OCALA, FL 34480

11. I certify that I am managing member/manager or the receiver, 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: _____ Date: 10/22/01 Daytime Phone #: 352-817-1115

Typed or printed name of signing Managing Member/Manager: BARRY BERKELHAMMER

CR2E041 (9/01)