

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

**REINSTATEMENT
FILED**

2001

01 OCT 17 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000016357

1. Limited Liability Company's Name

AVILA EQUESTRIAN INTERNATIONAL, LLC

2. Principal Office Address

15780 Cedar Grove

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33414

Country

3. Mailing Office Address

15780 Cedar Grove

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33414

Country

4. State/Country of Formation

Florida/Palm Beach County

**5. Date Organized or Qualified
To Do Business in Florida**

Dec. 26, 2000

6. FEI Number

31-1804810

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

Vicente Fraile

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

15780 Cedar Grove

Suite, Apt. #, Etc.

City

Wellington, FL

State

FL

Zip Code

33414

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

V Fraile

REGISTERED AGENT MUST SIGN

Date Oct 15, 2001

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
MEM	Dominique Fraile	15780 Cedar Grove	Wellington, FL 33414

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 if made under oath.

Signature of
Managing Member/Manager

D Fraile

Date 10/10/01

Daytime Phone # (561) 389-4880

Typed or printed name of signing Managing Member/Manager Dominique Fraile

CR2ED041 (9/00)