


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

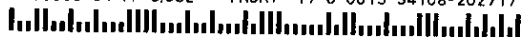
<b>2002</b> <b>APPLICATION</b> <b>UC FOR</b> <b>REINSTATEMENT</b> <b>UBR</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Jim Smith</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**FILED**  
**02 NOV 13 PM 12:45**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**1. DOCUMENT #** L01000006329

Name and Mailing Address

0005536 01 FP 0.352 \*\*PRSR T7 0 0615 34108-202717



**COLLIER EQUESTRIAN CENTER, LLC**  
**10217 GULF SHORE DR.**  
**NAPLES FL 34108-2027**



*05/22/02* *S02151910968* *90200* *022* *\$50*

<b>2. New Mailing Address</b>  City, State, Zip		<b>4. State/Country of Formation</b>  FL	
<b>Principal Place of Business</b>  10217 GULF SHORE DR. NAPLES FL 34108		<b>5. Date Organized or Qualified To Do Business in Florida</b>  04/24/2001	
<b>3. New Principal Place of Business Address</b>  City, State, Zip		<b>6. FEI Number</b>  59-3723951	
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

CR2E684 (8/02)

<b>8. Name and Address of Current Registered Agent</b>  CLEARY, JOSEPH 10217 GULF SHORE DR. NAPLES FL 34108	<b>9. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code
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**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 \_\_\_\_\_ Date \_\_\_\_\_

**REGISTERED AGENT MUST SIGN**

<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MG RM	Joseph Cleary	10217 Gulf Shore Dr	Naples, FL 34108

**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 \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_