

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
James Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000011398

Name and Mailing Address

02 DEC 16 PM 1:17

0007786 01 FP 0.352 \*\*PRSRT T4 0 0615 34275-141359



STARLIGHT STABLES I, LLC  
1759 BAYSHORE ROAD  
NAKOMIS FL 34275-1413



REINSTATEMENT 2002

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

07/11/2001

Principal Place of Business

1759 BAYSHORE ROAD  
NAKOMIS FL 34275

3. New Principal Place of Business Address

City, State, Zip

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

WOLF, JACK  
1759 BAYSHORE ROAD  
NAKOMIS FL 34275

9. Name and Address of New Registered Agent

Name

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

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

*Jack Wolf*

Date

11/06/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing<br>Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| MYR      | JACK WOLF                            | 1759 Bayshore Rd                                  | NAKOMIS FL 34275   |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |

REINSTATEMENT 2002

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

*Jack Wolf*

Date

11/06/02

Daytime Phone #

941 966 2839