

**2004 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED


04 NOV -5 PM 5:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM



11012004 REIN-LLC CR2E101 (6/04) *11/5*

DOCUMENT # L01000011401			
1. Entity Name KIMBERLITE RACE FARM, LLC			
Principal Place of Business C/O CARMELO P. ZAPPULA 2231 NE HIGHWAY 41 WILLISTON, FL 32696		Mailing Address C/O CARMELO P. ZAPPULA 2231 NE HIGHWAY 41 WILLISTON, FL 32696	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 80-0006653		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ZAPPULA, CARMELO P 2231 NE HIGHWAY 41 WILLISTON, FL 32696		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZAPPULA, CARMELO P 2231 NE HIGHWAY 41 WILLISTON, FL 32696 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Carlo Zappula</i>		Date: <i>11-2-04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

REINSTATEMENT 2004
w/o penalty

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