

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L01000011401

1. Limited Liability Company's Name
Kimberlite Race Farm LLC.

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # <u>2251 NE HWY 41</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Williston, Fla.</u>		City & State	
Zip <u>32696</u>	Country	Zip	Country

4. State/Country of Formation <u>Florida</u>	
5. Date Organized or Qualified To Do Business in Florida <u>7-11-01</u>	
6. FEI Number <u>80-0006653</u>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Carmelo Zappulla

Street Address (P.O. Box Number is Not Acceptable)
2251 NE HWY 41

Suite, Apt. #, Etc.

City
Williston

State
FL

Zip Code
32696

E-mail Address:
700250488057
08/06/13--01024--005 **1215.00
Kimberlitefarm@hotmail.com
(To be used for future annual report notices)

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 Carmelo Zappulla Date 8-1-13
REGISTERED AGENT MUST SIGN

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
Manager	Carmelo Zappulla	2251 NE HWY 41	Williston Fla 32696

REINSTATEMENT AUG 06 2013
R. HUNT

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 as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Carmelo Zappulla Date 8-1-13 Daytime Phone # 352-207-7785
Typed or printed name of signing Managing Member/Manager Carmelo Zappulla