

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

13 AUG -6 AM 9:19

DOCUMENT # L01000011401

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

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #  
2251 NE HWY 41

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.

4. State/Country of Formation  
Florida

5. Date Organized or Qualified To Do Business in Florida  
7-11-01

City & State  
Williston, Fla.

6. FEI Number  
80-0006653

Zip  
32696

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  
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