

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



OFFICE OF THE SECRETARY OF STATE

DICTIONARY OF ABBREVIATIONS

L01000014446

02 DEC -2 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000014446

Name and Mailing Address

0006262 01 FP 0.352 **PRSR T9 0 0615 32668-411260



PREFERRED EQUINE, LLC
4360 SE 212TH COURT
MORRISTON FL 32668-4112



2. New Mailing Address

City, State, Zip

Principal Place of Business

4360 SE 212TH COURT
MORRISTON FL 32668-9029

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/20/2001

6. FEI Number

59-3735873

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

BEHNKE, JANET W
500 NE 8TH AVENUE
OCALA FL 34470-5345

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

Sharon Biamonte

Date 11/13/02

REGISTERED AGENT MUST SIGN

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

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM <i>Partner</i>	K.C. WOJCIECHOWSKI	3550 S.W 58TH ST	OCALA FL 34474
			100009019251 11/15/02--01020--015 **150.00
MGR	SHARON BIAMONTE	4630 S.E. 212TH CT	MORRISTON FL 32668

REINSTATEMENT 2002

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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

Sharon Biamonte

Date 11/13/02

Daytime Phone (352) 528-5369

Typed or printed name of signing Managing Member/Manager

SHARON BIAMONTE MGR

CR2E084 (8/02)