

Rev. 9-26-03 \$250.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

05 DEC 13 AM 9:24

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **LO2000003062**

**1. Limited Liability Company's Name**

**DOUBLE C EQUINE LLC**

**2. Principal Office Address**

**11246 GUILFORD RD**  
Suite, Apt. #, etc.

**3. Mailing Office Address**

**11246 GUILFORD RD**  
Suite, Apt. #, etc.

**City & State**

**CLERMONT FL**

**Zip Country**  
**34715 USA**

**City & State**

**CLERMONT FL**

**Zip Country**  
**34715 USA**

CR2E041 (8/05)

**4. State/Country of Formation**

**FLORIDA / ORANGE**

**5. Date Organized or Qualified  
To Do Business in Florida**

**02-07-02**

**6. FEI Number**

**03-0383742**

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 **CAROL A. CHRISTOPOLAS**

**100061112551**

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

**12/30/05--01064--003 \*\*100.00**

**11246 GUILFORD ROAD**  
Suite, Apt. #, Etc.

City **CLERMONT**

State  
**FL**

Zip Code

**34715**

**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

*[Signature]*

Date **10-27-05**

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
MEMBER	CAROL A. CHRISTOPOLAS	11246 GUILFORD RD	CLERMONT, FL 34715
			100061112551 11/02/05--01030--010 **150.00
			REINSTATEMENT 03-05

**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.**

Signature of  
Managing Member/Manager

*[Signature]*

Date **10-27-05**

Daytime Phone # **407 908-2473**

Typed or printed name of signing Managing Member/Manager

**CAROL A. CHRISTOPOLAS**