PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR -3 AM 10:46

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000013934

SD0068100195
03/20/06--01018--008 **300.00

1. Limited Liability Company's Name
Driftwood Stables,
14327 Tangerine Drive
Loxahatchee, FL 33470

2. Principal Office Address	3. Mailing Office Address
14327 Tangerine Dr	106 South Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Loxahatchee, FL	City & State: Seven Valleys, PA
Zip: 33470 Country: USA	Zip: 17360 Country: U.S.A.

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 6/3/2002

6. FEI Number: 05-0625365 [X] 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: William R. Black
Street Address (P.O. Box Number is Not Acceptable): 2691 E. Oakland Park Blvd.
Suite, Apt. #, Etc.: Suite 402
City: Ft. Lauderdale, Florida State: FL Zip Code: 33306

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: (X) [signature] Date: (X) 3-9-05
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
managing member	Josee T. Stedding	14327 Tangerine Blvd	Loxahatchee FL 33470
managing member	Jack W. Stedding Jr.	14327 Tangerine Dr.	Loxahatchee FL, 33470
		REINSTATEMENT 03-06	

11. I certify that I am managing member/manager or the member 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 608.508, F.S., and that all fees owed by this 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: 3-2406 Daytime Phone #: 772 332 2069

Typed or printed name of signing Managing Member/Manager: Jack Stedding