

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008 MAR 14 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000024334 1. Limited Liability Company's Name ELOQUENTLY EQUESTRIAN LLC			
2. Principal Office Address - No P.O. Box # 12894 Highway A1a Suite, Apt. #, etc.		3. Mailing Office Address 12894 Highway A1a Suite, Apt. #, etc.	
City & State Vero Beach, FL		City & State Vero Beach, FL	
Zip 32963-9417	Country USA	Zip 32963-9417	Country USA
4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida July 3, 2003			
6. FEI Number 28-2175437			Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent Name Cassandra Turner Street Address (P.O. Box Number is Not Acceptable) 12894 Highway A1a Suite, Apt. #, Etc. City Vero Beach State FL Zip Code 32963-9417			
<input checked="" type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
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 <i>Cassandra Turner</i> Date March 14, 2008 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
MGRM	Cassandra Turner	12894 Highway A1a	Vero Beach, FL 32963-9417
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 <i>Cassandra Turner</i> Date March 14, 2008 Daytime Phone # 772-581-9132 Typed or printed name of signing Managing Member/Manager Cassandra Turner			

Florida Department of State
Division of Corporations
Public Access System

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

ELOQUENTLY EQUESTRIAN LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	* \$655.00

* PLEASE CREDIT ACCOUNT \$100.00 - REINSTATEMENT LTR.

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