

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 12 AM 10:56

DOCUMENT # L03000038453

1. Limited Liability Company's Name

Cabin Creek Stable LLC

CR2E041 (8/05)

2. Principal Office Address

1001 DIPLOMAT PKWAY

3. Mailing Office Address

P.O. BOX 85039

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOollywood - FL

City & State

HALLANDALE - FL

Zip

33019

Country

BROWARD

Zip

33008

Country

BROWARD

4. State/Country of Formation

FLORIDA - U.S.A

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

56-2404319

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

AMIN

NAJM

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

1001 DIPLOMAT PKWAY

Suite, Apt. #, Etc.

City

HOollywood

State

FL

Zip Code

33019

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

amin

Date 1/10/06

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	ABRAHAM MOUBARAK	1001 DIPLOMAT PKWAY	HOollywood - FL 33019

REINSTATEMENT 04-06

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. Newmark

Date 1/9/06

Daytime Phone # 954 457 7787

Typed or printed name of signing Managing Member/Manager