

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 AUG -3 PM 3:22

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TALLAHASSEE, FLORIDA

DOCUMENT # L04000002111

1. Limited Liability Company's Name

**Lobdell Family Stables, LLC**

700183904047  
08/02/10--01054--011 \*\*\$21.00 ✓

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #

1021 Hillsboro Mile

3. Mailing Office Address

P.O. Box 1269

Suite, Apt. #, etc.

#501

Suite, Apt. #, etc.

City & State

Hillsboro Beach, FL

City & State

Traverse City, MI

Zip

33062

Country

USA

Zip

49685

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida 01/08/2004

6. FEI Number

369-40-9480

☐ 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 **Wayne H. Lobdell**

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

1021 Hillsboro Mile

Suite, Apt. #, Etc.

#501

City

Hillsboro Beach

State

FL

Zip Code

33062

**REINSTATEMENT**

2008-10 SSM

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

Date **07-12-2010**

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	Wayne H. Lobdell	1021 Hillsboro Mile #501	Hillsboro Beach, FL 33062

11. E-mail Address: christinar@hrgonline.net

(To be used for future annual report notifications)

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

Date **07-12-2010**

Daytime Phone # **231-941-5052 ext 202**

Typed or printed name of signing Managing Member/Manager **Wayne H. Lobdell**