

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 16 PM 4: 46

DOCUMENT # L04000037421

1. Limited Liability Company's Name

Horseshoe Gables, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
274 Vistaview Drive

3. Mailing Office Address
c/o Harp Tax & Financial Group, LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Davenport, Florida

City & State
Orlando, Florida

Zip
33897

Country
USAZip
32803Country
USA

4. State/Country of Formation **Florida**

5. Date Organized or Qualified To Do Business in Florida 05/02/2004

6. FEI Number **90-0181547**

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 **Harry E. Harp, CPA**

Street Address (P.O. Box Number is Not Acceptable)
3222 Corrine Drive

Suite, Apt. #, Etc. Suite I

City **Orlando**

State	Zip Code
FL	32803

☒ 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

Date **07/05/2007**

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	Fortune, Carmel J.	Knockbrack, Monaseed	Gorey Co., Wexford, Ireland
MGRM	Fortune, James G.	Knockbrack, Monaseed	Gorey Co., Wexford, Ireland
			<div data-bbox="1026 1455 1328 1467" data-label="Text"> <div>100106351901</div> <div>07/18/07--01055--007 **100.00</div> <div>BLT</div> </div>
	FF \$100		
	RF N/A		<div data-bbox="1026 1480 1328 1491" data-label="Text"> <div>REINSTATEMENT</div> <div>2006-2007</div> </div>

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 Tamara L. Hunt Date 07/05/2007 Daytime Phone # (321) 251-7147

Typed or printed name of signing Managing Member/Manager Harry E. Harp, CPA