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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L04000053740

1. Limited Liability Company's Name
EQUESTRIAN ADVENTURES, LLC

2. Principal Office Address	3. Mailing Office Address
14052 50th St. South	14052 50th St. South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington, FL	City & State: Wellington, FL
Zip: 33414 Country: US	Zip: 33414 Country: US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: July 20, 2004

6. FEI Number: 5508 76384 ☐ 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: Moishe Mana

Street Address (P.O. Box Number is Not Acceptable): 16720 Senterra Drive

Suite, Apt. #, Etc.:

City: Delray | State: FL | Zip Code: 33484

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 3/1/06
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
MGR	Moishe Mana	16720 Senterra Drive	Delray, FL 33484
MGR	Gary Krat	5606 Vintage Oaks Terrace	Delray, FL 33484
		REINSTATEMENT	

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 _____ Date 3/1/06 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager Moishe Mana

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Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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LIMITED LIABILITY REINSTATEMENT

EQUESTRIAN ADVENTURES, LLC

Certificate of Status	0
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