


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000016269	
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1. Entity Name
WILD MUSTANG & HORSE RANCH LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -8 AM 10:29

Principal Place of Business 313 EAST ORANGE STREET ALTAMONTE SPRINGS, FL 32701	Mailing Address 313 EAST ORANGE STREET ALTAMONTE SPRINGS, FL 32701
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2. Principal Place of Business - No P.O. Box # 3257 E. LAKE MARY BLVD Suite, Apt. #, etc.	3. Mailing Address 3257 E. LAKE MARY BLVD Suite, Apt. #, etc.
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01292007 REIN-LLC CR2E101 (1/07)

City & State SANFORD FL	City & State SANFORD FL
Zip 32773	Zip 32773
Country USA	Country USA

4. FEI Number
14-1988064

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HARMAN, GEORGANN W 313 EAST ORANGE STREET ALTAMONTE SPRINGS, FL 32701	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3257 E. LAKE MARY BLVD City SANFORD FL Zip Code 32773
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Georgann W Harman Mgrm DATE 1/1/07
(NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARMAN, GEORGANN W 313 EAST ORANGE STREET ALTAMONTE SPRING, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3257 E. LAKE MARY BLVD SANFORD FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARMAN, DONALD G 313 EAST ORANGE STREET ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3257 E. LAKE MARY BLVD SANFORD FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800088224988 02/13/07--01035--006 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 06-07
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Georgann W Harman Mgrm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/1/07 (408)
423-2979
Date Daytime Phone #