

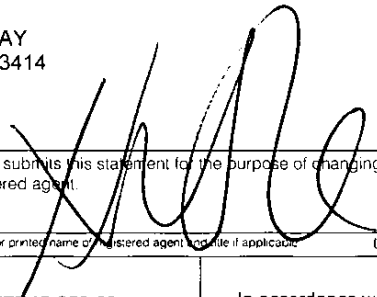
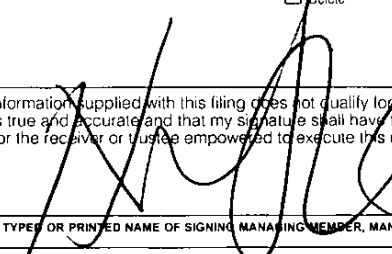


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000054227 1. Entity Name WELLINGTON RIDING SCHOOL, LLC						FILED 07 OCT 25 PM 2:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 13159 57TH PLACE SOUTH LAKE WORTH, FL 33467 US				Mailing Address 11924 FOREST HILL BLVD SUITE 22-325 WELLINGTON, FL 33414 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
10182007 REIN-LLC CR2E101 (1/07)				4. FEI Number APPLIED FOR			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable			
6. Name and Address of Current Registered Agent ROACH, JEROME J 12445 GUILFORD WAY WELLINGTON, FL 33414				7. Name and Address of New Registered Agent Name: <u>Helen Varble</u> Street Address (P.O. Box Number is Not Acceptable): <u>11924 Forest Hill Blvd Ste 22-325</u> City: <u>Wellington</u> FL Zip Code: <u>33414</u>			
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:  (NOTE: Registered Agent signature required when reinstating) DATE:							
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$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	MGR RAUTENBACH, HELEN V 11924 W. FORESTHILL BLVD., SUITE 22-325 WELLINGTON, FL 33414			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300111363079 10/25/07--01048--018 **50.00		
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		
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		
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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: 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE						Date Daytime Phone #	