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15 MAY -1 AM 10:16
REC'D MAY 15 1964
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 15 MAY -1 AM 10:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L05000066209					
1. Limited Liability Company's Name Pine Lake Indy LLC					
2. Principal Office Address - No P.O. Box # 196 Silverspur Trail		3. Mailing Office Address 196 Silverspur Trail		CR2E041 (1/14)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State/Country of Formation FL	
City & State Hot Springs, AR		City & State Hot Springs, AR		5. Date Organized or Qualified To Do Business in Florida 5/27/2005	
Zip 71913	Country USA	Zip 71913	Country USA	6. FEI Number 65-0948527	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
8. Name and Address of Current Registered Agent				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
Name Richard S. Tolbert				600272503356 05/01/15--01027--008 **516.25	
Street Address (P.O. Box Number is Not Acceptable) Suite. 1615 Forum Place, Suite 500					
Apt. #, Etc.					
City West Palm Beach	State FL	Zip Code 33401			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent 				Date 3/26/2015	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MgrM	Robert C. Malt	196 Silverspur Trail		Hot Springs, AR 71913	
				MAY - 7 2015	
				L. SELLER	
REINSTATEMENT				2013-2015	
11. E-mail Address arlmandequipment@yahoo.com					
(To be used for future annual report notifications)					
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.					
Signature of authorized representative/member 				Date 4-2-15 Daytime Phone # (501) 463-0748	
Typed or printed name of signing authorized representative/member Robert C. Malt					