

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **L05000083083**

1. Limited Liability Company's Name

MARIA'S FARM AND RACING

2016 DEC -5 P 4 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Bgx #

2074 BOREALIS WAY

Suite, Apt. #, etc.

City & State

WESTON FL

Zip

33327

Country

(BROWARD)

3. Mailing Office Address

2074 BOREALIS WAY

Suite, Apt. #, etc.

City & State

WESTON FL

Zip

33327

Country

(BROWARD)

4. State/Country of Formation

FL, BROWARD

5. Date Organized or Qualified To Do Business in Florida

08/22/2008

6. FEI Number

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

JUAN PINA

Street Address (P.O. Box Number is Not Acceptable) Suite,

2074 BOREALIS WAY

Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33327

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

REGISTERED AGENT MUST SIGN

Date

10/24/16

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
mgr.	Juan Pina	2074 Borealis Way	Weston, FL 33327

S Warren

11. E-mail Address:

Jm Pina @ aol. com

DEC 06 2016

(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

10/24/16

Daytime Phone #

954-2608923

Typed or printed name of signing authorized representative/member