

9-15-06  
200.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB -6 AM 9:56

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L05000123597**

1. Limited Liability Company's Name  
**Hayden Thoroughbreds, LLC**

CR2E041 (8/05)

2. Principal Office Address <b>13427 NW 11th Drive</b>		3. Mailing Office Address <b>13427 NW 11th Drive</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Oxford, FL</b>		City & State <b>Oxford, FL</b>	
Zip <b>34484</b>	Country <b>USA</b>	Zip <b>34484</b>	Country <b>USA</b>

4. State/Country of Formation  
**Florida/USA**

5. Date Organized or Qualified To Do Business in Florida **12/29/2005**

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  
**Hayden, Rebecca**

Street Address (P.O. Box Number is Not Acceptable)  
**13427 NW 11th Drive**

Suite, Apt. #, Etc.

City  
**Oxford, FL**

State  
**FL**

Zip Code  
**34484**

*[Handwritten Signature]*

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 *[Signature]* Date **1/16/07**

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	Hayden, Rebecca	13427 NW 11th Drive	Oxford, FL 34484

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**REINSTATEMENT 06-07**

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 *[Signature]* Date **1/16/07** Daytime Phone # **407-257-2864**

Typed or printed name of signing Managing Member/Manager **Rebecca Hayden**