

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 OCT 21 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L06000050726**

1. Limited Liability Company's Name

**Babcock Florida Quarter Horses, LLC**

200136977172  
10/16/08--01022--008 \*\*377.50

CR2E041 (10/08)

<b>2. Principal Office Address - No P.O. Box #</b> 4451 SW Boatramp Ave		<b>3. Mailing Office Address</b> 4451 SW Boatramp Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm City, FL		City & State Palm City, FL	
Zip 34990	Country USA	Zip 33990	Country USA

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 16 May 2006	
<b>6. FEI Number</b> 20-5343009	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

Name Lindsay G. Peebles		
Street Address (P.O. Box Number is Not Acceptable) 4451 SW Boatramp Ave		
Suite, Apt. #, Etc.		
City Palm City, FL	State FL	Zip Code 34990

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 *Lindsay G. Peebles*  
REGISTERED AGENT MUST SIGN

Date *Oct 6, 2008*

**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
MGRM	Lindsay G. Peebles	4451 SW Boatramp Ave	Palm City, FL 34990

REINSTATEMENT

01-08

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 *Lindsay G. Peebles* Date *Oct 6, 08* Daytime Phone # *305/799-5502*  
Typed or printed name of signing Managing Member/Manager *Lindsay G. Peebles*