

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000065811

1. Entity Name  
SARABEL JOCKEY CLUB LLC



Principal Place of Business  
8600 W. NORTH AVENUE  
MELROSE PARK, IL 60601

Mailing Address  
8600 W. NORTH AVENUE  
MELROSE PARK, IL 60601

2. Principal Place of Business - No P.O. Box #  
**65 TARPON LANE**

3. Mailing Address  
**65 TARPON LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**KEY LARGO FL**

City & State  
**KEY LARGO FL**

Zip  
**33037**

Country  
**USA**

Zip  
**33037**

Country  
**USA**

10052007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
**20-5180611**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TATE, MARK T  
212 S. MAGNOLIA AVE.  
TAMPA, FL 33606

Name

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

City

**FL**

Zip Code

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

**MARK T. TATE**

*Mark Tate*

**1/12/08**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After January 1, 2008, Fee will be \$200.00**

**Make check payable to  
Florida Department of State**

9. **MGRM** MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WILLIAM H. JOHNSTON, JR** ☐ Delete  
**65 TARPON LANE**  
**KEY LARGO, FL 33037**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**500111195055**  
**10/23/07--01019--012 \*\*150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ 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

**10/12/07**

Date

**708-343-4800**

Daytime Phone #

**REINSTATEMENT**

**2007**