

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 DEC 23 PM 3:25

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L06000078158**

1. Limited Liability Company's Name

Steelhorse LLC

CR2E041 (12/07)

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

25 Bermuda Lake Drive

Suite, Apt. #, etc.

3. Mailing Office Address

1201 George Bush Blvd.

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

08/08/2006

6. FEI Number

20-5345997

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

Hathcock, Cynthia F.

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

25 Bermuda Lake Drive

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

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

Cynthia F. Hathcock
REGISTERED AGENT MUST SIGN

Date **December 12, 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
Mgr	Hathcock, Cynthia F.	25 Bermuda Lake Drive	Palm Beach Gardens, FL
			33418

REINSTATEMENT

2007-08

100138175531
12/19/08--01045--021 **377.50

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

Cynthia F. Hathcock

Date **12/19/2008**

Daytime Phone # **561-272-1225, x120**

Typed or printed name of signing Managing Member/Manager

Cynthia F. Hathcock, Manager

CHAPIN, BALLERANO & CHESLACK

ATTORNEYS AT LAW
TELEPHONE (561)-272-1225
TELECOPIER (561) 272-4442
E-MAIL: gpopham@chapin-law.com

DELRAY BEACH OFFICE
1201 GEORGE BUSH BOULEVARD
DELRAY BEACH, FLORIDA
33483-7203

Reply to: Delray Beach Office

JAMES A. BALLERANO, JR.
ROBERT D. CHAPIN
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BOCA RATON OFFICE
399 WEST PALMETTO PARK ROAD
SUITE 202
BOCA RATON, FLORIDA
33432-3760

December 16, 2008

State of Florida
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

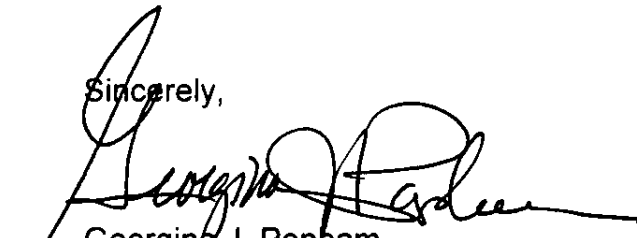
RE: Steelhorse LLC
Document # L06000087158

Dear Sir/Madam:

Enclosed is a Limited Liability Company Reinstatement of the referenced LLC along with our firm's check in the amount of \$377.50 to cover the requirement reinstatement filing fee. Please provide evidence of such filing.

Thank you.

Sincerely,



Georgina J. Popham
Corporate Paralegal

GJP:gjp
Enclosure