

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 APR 11 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
000196585250

03/02/11--01039--003 \*\*243.75

CR2E041 (1/11)

DOCUMENT # LD7000115463  
1. Limited Liability Company's Name  
Florida Equine Services, LLC

2. Principal Office Address - No P.O. Box # <u>17187 wildwood Rd</u>		3. Mailing Office Address <u>17187 wildwood Rd</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Jupiter, FL</u>		City & State <u>Jupiter, FL</u>	
Zip <u>33478</u>	Country <u>USA</u>	Zip <u>33478</u>	Country <u>USA</u>

4. State/Country of Formation <u>FL / USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>8/16/2007</u>	
6. FEI Number <u>N/A</u>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Jennifer K. Jaschinski

Street Address (P.O. Box Number is Not Acceptable)  
17187 Wild wood Rd

Suite, Apt. #, Etc.  
3

City Jupiter State FL Zip Code 33478

E-mail Address:  
ponyclass@yahoo.com

(To be used for future annual report notices)

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 Jennifer K. Jaschinski Date 2/24/11  
REGISTERED AGENT MUST SIGN

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Jennifer K. Jaschinski	17187 wildwood road	Jupiter / FL / 33478
	<b>L. SELLERS</b>		
	APR 12 2011		
	<b>EXAMINER</b>		
			<b>REINSTATEMENT 10-11</b>

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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. 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 Managing Member/Manager Jennifer K. Jaschinski Date 2/24/11 Daytime Phone # (561) 633-0388

Typed or printed name of signing Managing Member/Manager Jennifer K. Jaschinski