

2011 15:04 FAX

Division of Corporations

STEARNS WEAVER MILLER

00001/0002

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L08000100765

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON
Account Number : I20060000135
Phone : (305) 789-3200
Fax Number : (305) 789-3395

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
EQUESTRIAN INVESTMENTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$516.25

RECEIVED
11 APR -5 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
11 APR -5 AM 8:17

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DIVISION OF CORPORATIONS

11 APR -5 AM 8:17

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000100765

1. Limited Liability Company's Name

EQUESTRIAN INVESTMENTS, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 1333 ST. TROPEZ CIRCLE		3. Mailing Office Address 1333 ST. TROPEZ CIRCLE	
Suite, Apt. #, etc. SUITE 401		Suite, Apt. #, etc. SUITE 401	
City & State WESTON		City & State WESTON	
Zip 33326	Country US	Zip 33326	Country US

4. State/Country of Formation
FLORIDA5. Date Organized or Qualified
To Do Business in Florida 10/27/2008

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
DANIELA ROYStreet Address (P.O. Box Number is Not Acceptable)
1333 ST. TROPEZ CIRCLESuite, Apt. #, Etc.
SUITE 401City
WESTONState
FL Zip Code
33326

E-mail Address:

danielaroy@me.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

REGISTERED AGENT MUST SIGN

Date 4/3/2011

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	Daniela Roy	1333 St. Tropez Circle, Suite 401	Weston, FL 33326

REINSTATEMENT 09-11

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

Date 4/3/2011 Daytime Phone # 954-665-8078

Typed or printed name of signing Managing Member/Manager DANIELA ROY