PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 AUG 12 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/01/14--01023--005 **238.75

CR2E041 (1/14)

DOCUMENT # L16000127299

1. Limited Liability Company's Name

ALL ABOUT HORSES, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
301 YAMATO RD	301 YAMATO RD
Suite, Apt. #, etc.: 2190	Suite, Apt. #, etc.: 2190
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33431 Country: USA	Zip: 33431 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 45-3991597 ☐ 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: YAFFA, DOREEN
Street Address (P.O. Box Number is Not Acceptable): 301 YAMATO RD
Suite, Apt. #, Etc.: 2190
City: Boca Raton State: FL Zip Code: 33431

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	YAFFA, DOREEN M	301 YAMATO RD STE# 2190	Boca Raton, FL, 33431

REINSTATEMENT
2012-2014

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012. 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date _____ Daytime Phone # AUG 12 2014

Typed or printed name of signing Authorized Representative/Manager M. WILLIAMS