PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	<u> </u>	Salar Janes		
LIMITED LIABILITY COMPANY REINSTATEMENT	MPANY Secretary of State		13 AUG I (P PH 4: 42	
		SECRETAR CONTIA I		
DOCUMENT # LICODO 3846			TALLAHASSEE, FLORIDA	
Seacrest Eguestrian Center LLC 4316 Avalon Road Winter Garden FL. 34787				
2. Principal Office Address - No P.O. Box# 3. Mailing Office Address			CR2E041 (1/11)	
4316 Avalon Rd	Same	Í		try of Formation
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Date Organized or Qualified		
City & State City & State				1201
Winter Garden FL.		6. FEI Number 45 - 4005026		
34787 USA	. Zip	County	7. CERTIFICATE	OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent				
Breanna Pickens			E-mail Address:	
Street Address (P.O. Box Number is Not Acceptable)			- 800250263968 07/30/1301017004 **238,75	
1/27 Oakdale Street Suite, Apt. #, Etc.			· · · · · · · · · · · · · · · · · · ·	
City State Zip Code			wonviseries@aol.com	
Windermere FL 34786			(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 Date 7/26/13 REGISTERED AGENT MUST SIGN				
10. Names and Street Addresses of Managing Members/Managers				
Titles Name of Managing Members/ Manage	ers	Street Address of Each Managing Member/ Manager		City / State / Zip
marager Steve Pickens		1127 Oakdale Street		Windermere FL 34786
				00250263968
				DO250263968 7/3-01037-018 **147.50
REI	NSTATE	EMENT	12-13	AUG 1 6 2013
		·		T. SCOTT
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 filling 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 7/26 13 Daytime Phone # 407 948 -8589				
Typed or printed name of signing Managing Member/Manager				