PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 2013-2014

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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TALLAHASSEE, FLORIDA

DOCUMENT # L12000125385

1. Limited Liability Company's Name
Hunters Run Farm Boarding Facility LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
985 Palm Valley Rd	985 Palm Valley Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ponte Vedra, FL	City & State: Ponte Vedra, FL
Zip: 32081 Country: St Johns	Zip: 32081 Country: St. Johns

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida 10/02/2012

6. FEI Number 46-1277194 ☐ 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: Judie K. Ritter

Street Address (P.O. Box Number is Not Acceptable): 985 Palm Valley Road

Suite, Apt. #, Etc.:

City: Ponte Vedra | State: FL | Zip Code: 32081

$5 included in check

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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: Judie K. Ritter Date: 11/11/14
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
MBR	Judie Ritter	985 Palm Valley Rd	Ponte Vedra, FL 32081

11. E-mail Address: jkr346@bellsouth.net
(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: Judie K. Ritter Date: 11/11/14 Daytime Phone #: (904) 608-3962

Typed or printed name of signing Authorized Representative/Manager: Judie K. Ritter

K. ASHTON