

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2015 OCT 20 PM 2:13

**DOCUMENT #** L14000146669

1. Limited Liability Company's Name

MERRIGAN SHOW STABLES, LLC

2. Principal Office Address - No P.O. Box #

16489 Winners Circle

3. Mailing Office Address

16489 Winners Circle

Suite, Apt. #, etc.

Barn #7

Suite, Apt. #, etc.

Barn #7

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33446

Country

USA

Zip

33446

Country

USA

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) Suite,

1201 Hays Street

Apt. #, Etc.

City

Tallahassee

State  
**FL**

Zip Code  
32301

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

09/19/2014

6. FEI Number

47-1899275

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

900278269179

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 805, F.S.

Signature of  
Registered Agent

*M. Zender*

REGISTERED AGENT MUST SIGN

Melissa Zender  
Asst. Vice President

Date 10/20/15

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
AMBR	Amanda L. Merrigan	9201 Picot Court	Boynton Beach, FL 33472

11. E-mail Address: info@merriganshowstables.com / merrigan\_amanda@yahoo.com

(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 805, 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 requirement of section 805.0012, 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

*Amanda L. Merrigan*

Date 10/6/15

Daytime Phone # 561-358-6111

Typed or printed name of signing authorized representative/member

Amanda L. Merrigan, Member

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 810573 8013285

AUTHORIZATION

COST LIMIT : \$ 238.75

ORDER DATE : September 30, 2015

ORDER TIME : 9:11 AM

ORDER NO. : 810573-010

CUSTOMER NO: 8013285

DOMESTIC FILINGS

NAME: MERRIGAN SHOW STABLES, LLC

RECEIVED  
2015 OCT 20 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext# 62956

EXAMINER'S INITIALS \_\_\_\_\_