PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 MAY 11 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # L98000001300

1. Limited Liability Company's Name
LCK STABLES, L.C.

01

2. Principal Office Address	3. Mailing Office Address
3251 Bayou Sound	3251 Bayou Sound
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Longboat Key, FL	Longboat Key, FL
Zip: 34228 Country: USA	Zip: 32448 Country: USA

4. State/Country of Formation: USA

5. Date Organized or Qualified To Do Business in Florida: 8-3-98

6. FEI Number: 65-0867432 ☐ 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: Robert W. Darnell

800075384268
05/26/06--01053--014 **55.00

Street Address (P.O. Box Number is Not Acceptable): 1820 Ringling Blvd

Suite, Apt. #, Etc.:

800075384268
05/26/06--01053--015 **30.00

City: Sarasota State: FL Zip Code: 34236

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: 4-25-06

REGISTERED AGENT MUST SIGN

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
MGRM	Elbert A. Kaplan	3251 Bayou Sound	Longboat Key, FL 34228
MGRM	Lorraine C. Kaplan	3251 Bayou Sound	Longboat Key, FL 34228
	REINSTATEMENT 2001-2006		

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.

Signature of Managing Member/Manager: _____ Date: 4/25/06 Daytime Phone #: 941 383 1758

Typed or printed name of signing Managing Member/Manager: _____