

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # **L99-2395**

1. Limited Liability Company's Name

Heritage Racing Stables, LLC

2. Principal Office Address

7900 NOVA DRIVE

Suite, Apt. #, etc.

Suite 203

City & State

DAVIE, Florida

Zip

33324

Country

United States

3. Mailing Office Address

7900 NOVA DRIVE

Suite, Apt. #, etc.

Suite 203

City & State

DAVIE, Florida

Zip

33324

Country

United States

4. State/Country of Formation

Florida / United States

5. Date Organized or Qualified
To Do Business in Florida

4/27/99

6. FEI Number

65-0916632

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

George Maio

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

6100 LOQUAT CIRCLE

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33319

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******150.00 ****150.00**

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

George Maio

REGISTERED AGENT MUST SIGN

Date **11/17/00**

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
MGR	George Maio	6100 Loquat Circle	Tamarac, FL 33319

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

George Maio

Date **11/17/00**

Daytime Phone # **954 646 4616**

Typed or printed name of signing Managing Member/Manager

George MAIO

CR2041 (9/99)