

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT -5 AM 10:54

DOCUMENT # 104000000201

1. Limited Liability Company's Name

Intercontinental Sport Horse Sales, LLC

5000005000000000
10/05/06-- 01046-- 003 **155.00
CR2E041 (8/05)

2. Principal Office Address

14415 Palm Beach Pt. Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

2807 Concord Dr

Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Wall, NJ

Zip

33414

Country

USA

Zip

07719

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

1-15-2004

6. FEI Number

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

Nona Garson

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

14415 Palm Beach Point Blvd

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/1/06

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
princ. owner	<u>Nona Garson</u>	<u>14415 Palm Beach Pt Blvd</u>	<u>Wellington, FL 33414</u>
princ. owner	<u>George D'Ambrosio</u>	<u>14415 Palm Beach Pt. Blvd</u>	<u>Wellington, FL 33414</u>
business mgt	<u>Janet Rizzo</u>	<u>2807 Concord Dr.</u>	<u>Wall, NJ 07719</u>

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

[Signature]

Date 10/1/06

Daytime Phone # 732-681-4379

Typed or printed name of signing Managing Member/Manager Nona Garson