2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
07 OCT 12 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
BK

DOCUMENT # M04000001976

1. Entity Name
ALL IN LINE STABLES LLC

Principal Place of Business	Mailing Address
925 THORNDALE AVENUE ITASCA, IL 60143	925 THORNDALE AVENUE ITASCA, IL 60143

04

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10092007 REIN-LLC CR2E101 (1/07)

4. FEI Number
01-0814696
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Harry B. Davis Asst. Vice President DATE 10/12/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
After January 1, 2008, Fee will be $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAMARI, E. JOSEPH 925 THORNDALE AVENUE ITASCA, IL 60143 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 2007

BK

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 10/11/07 (630) 875-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

E. JOSEPH TAMARI

CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032

REFERENCE : 269703 7393695

AUTHORIZATION :

COST LIMIT : $ ~~150~~ Lorel Coleman

ORDER DATE : October 11, 2007 #150

ORDER TIME : 8:54 AM BK

ORDER NO. : 269703-005

CUSTOMER NO: 7393695

RECEIVED
2007 OCT 12 AM 10:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

TO ACKNOWLEDGE SUFFICIENCY OF FILING

REINSTATEMENT

NAME: ALL IN LINE STABLES LLC BK

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS _____