


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F07000006339

1. Entity Name
VALLEY VIEW EQUESTRIAN CENTER, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR -2 PM 1:15

Principal Place of Business
170 RUTLEDGEDALE RD
TYLER HILL, PA 18469

Mailing Address
~~PO BOX 1~~ P.O. Box 1135
TYLER HILL, PA 18469 Bell Fla.
32619



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

3. Mailing Address
P.O. Box 1135
Suite Apt. #, etc.
City & State
Bell Fla.
32619 United States

11202008 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent
MEYER, DONALD
5689 SW 44 232
BELL, FL 32619

7. Name and Address of New Registered Agent
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 qualifications of registered agent

Signature (Typed or printed name of registered agent not applicable) *Donald Meyer* (NOTE: Registered Agent signature required when reinstating) DATE 12/14/08

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CP MEYER, DONALD PO BOX 1135 BELL, FL 32619	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500139401715 12/31/08--01058--008 ***8.75
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500139401715 03/03/09--01015--007 ***300.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B 3/4/09
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 08-09
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if requested or other attachment with an address with all other like empowerments.

SIGNATURE: *Donald Meyer* 12/14/08 352-895-8590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date