

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 NOV 14 AM 8:00

DOCUMENT # N02000002757

1. Corporation Name

TOMORROWS EQUESTRIAN CENTER, INC.

Principal Place of Business

18123 N.W 150TH AVE
 WILLISTON FL 32696

Mailing Address

PO BOX 598
 WILLISTON FL 32696
 Williston



REINSTATEMENT 03
 MRS

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/08/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 598

City & State

City & State

Williston FL

5. FEI Number

01-0670216

Applied For

Not Applicable

Zip

Country

Zip

Country

32696

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	ARBOUR, SANDRA A	18123 N.W 150TH AVE	WILLISTON FL 32696
DV	SCHOEPF, ROBERT	8750 NW 136TH AVE RD	OCALA FL 34482
DS	CONIBEAR, DEANA R	9616 SE 164TH PLACE	SUMMERFIELD FL 34491
DT	LONG, CAROL J	1749 SE 59TH STREET	OCALA FL 34480
			11/14/03--01004--001 **61.25 900024653769
			11/14/03--01004--001 **61.25

8. Name and Address of Current Registered Agent

ARBOUR, SANDRA A
 18123 NW 150TH AVE
 WILLISTON FL 32696

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Sandra A. Arbour
 REGISTERED AGENT MUST SIGN

Date 10/27/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Sandra A. Arbour
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/03

Daytime Phone #

(352)
 585-3600

CPRE040 (7/03)