

PLEASE READ ALL INSTRUCTIONS BEFORE CO

FILED
May 18, 2005 8:00 am
Secretary of State

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94 000005076

1. Corporation Name

EQUESTRIAN AIDS FOUNDATION

WU500022168

2. Principal Office Address

12028 LONGWOOD GREEN DR

Suite, Apt. #, etc.

City & State

Wellington FL

Zip

33414

Country

USA

3. Mailing Office Address

72 Thompson ST

Suite, Apt. #, etc.

9

City & State

New York NY

Zip

10012

Country

USA

4. Date Incorporated or Qualified
 To Do Business in Florida

10/11/94

5. FEI Number

65 0546316

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
 for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEPHAN S MATHSON, PA

700054749487

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

5606 PGA BLVD

05/18/05--01064--002 **665.00

Suite, Apt. #, Etc.

City

PALE BEACH GARDENS

State

FL

Zip Code

33418

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
 Registered Agent

[Signature]

Date 5/13/05

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Robert DOVER	12028 Longwood Green Dr	Wellington FL 33414
VP	R. Scot EVANS	PO Box 190	Little York, NJ 08834
Treas	Ron DAVIS	72 Thompson ST #9	NY NY 10012
Secr.	Robert Ross	12028 Longwood Green Dr.	Wellington, FL 33414

10. 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:

[Signature]

Ronald A DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/05

Date

917 147 0320

Daytime Phone #

CR2E081 (01/05)