PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 18 AM 9:59

DOCUMENT # **N96000006568**

1. Corporation Name

ROCKINGHORSE FUND, INC.

Principal Place of Business	Mailing Address
6300 ROCKINGHORSE ROAD JUPITER FL 33458	6300 ROCKINGHORSE ROAD JUPITER FL 33458

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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/26/1996

5. FEI Number: 65-0708442 ☐ Applied For ☐ Not Applicable

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
~~D~~	~~WAGNER, DAVID JOHN~~	~~12216 184TH CT~~	~~JUPITER FL 33478~~
D/P	GATTOZZI, JOHN ANTHONY JR	2859 IRMA LAKE DRIVE	WEST PALM BEACH FL 33411
D/VP	LOGAN, CHARLES P	17421 ALEXANDER RUN	JUPITER FL 33478
D/S	Beverly Holmes	1469 SW Albatross Way	Palm City FL 34990
D	Ralph Hecht	130 Bow Spirit	North Palm Beach FL 33408

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GATTOZZI, KAREN BROWN 2859 IRMA LAKE DRIVE WEST PALM BEACH FL 33411	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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.

Signature of Registered Agent: Karen Brown Gattozzi SIGNATURE REQUIRED — Date: 10/15/01
REGISTERED AGENT MUST SIGN

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: John A. Gattozzi SIGNATURE REQUIRED JOHN A. GATTOZZI 10/15/2001 561-712-8113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #