

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

03 MAR 24 AM 7:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000017240

1. Corporation Name

HORSESPORTSOnline.Com, Inc.

*[Handwritten initials]*

2. Principal Office Address

12666 Quercus Lane  
Suite, Apt. #, etc.

3. Mailing Office Address

12666 Quercus Lane  
Suite, Apt. #, etc.

REINSTATEMENT 02-03

City & State

Wellington, FL

City & State

Wellington, FL

Zip

33414

Country

USA

Zip

33414

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/14/2000

5. FEI Number

593626735

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

David Orlando

200014563812

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

12666 Quercus Lane

03/25/03--01005--024 \*\*908.75

Suite, Apt. #, Etc.

City

Wellington, FL

State

FL

Zip Code

33414

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date March 17, 2003

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
P/T	Grant Williams	1155 Goldenrod road	Wellington FL 33414
v/s	David Orlando	12666 Quercus Lane	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

March 17, 2003

Date

904-472-3504

Daytime Phone #

CR2E081 (10/02)