Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : A1A REGISTERED AGENT INC.
Account Number : I20090000032
Phone : (866)703-8828
Fax Number : (561)202-8082

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
DOUBLE J EQUESTRIAN, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$670.00

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 SEP -9 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000150609

1. Corporation Name
DOUBLE J EQUESTRIAN, INC.

2. Principal Office Address - Do not P.O. Box #	3. Mailing Office Address
6943 PARK LANE RD.	6943 PARK LANE RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WORTH FL	City & State: LAKE WORTH FL
Zip: 33449 Country: US	Zip: 33449 Country: US

4. Date Incorporated or Qualified in Florida: 11/14/2005

5. FEI Number: 651279136 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: A1A REGISTERED AGENT INC.

Street Address (P.O. Box Number is Not Acceptable): 6847 110TH AVENUE NORTH

Suite, Apt. #, Etc.

City: ROYAL PALM BEACH State: FL Zip Code: 33411

REINSTATEMENT

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

Signature of Registered Agent: [signature] Date: 9/9/11

REGISTERED AGENT SIGNATURE

9. Names and Street Addresses of Each Officer and/or Director (Florida requires 2 signatures and must list at least 2 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,P	JACKIE JOHNSON	6943 PARK LANE RD.	LAKE WORTH FL 33449
DVPT	RAE WILSON	298 HILLTOP RD.	COOPERSBURG PA 18036

10. E-mail Address: dhljequestrian@aol.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that the reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath; I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] JACKIE JOHNSON OF BOD 561-758-4122
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL EXECUTING THE DOCUMENT Date Daytime Phone #

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