

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F14483

FILED
Oct 17, 2007
Secretary of State

Entity Name: EVEREST POLO STABLES, INC.

Current Principal Place of Business:

%MICHELE LE MARCHANT
19 E. 64TH STREET
NEW YORK, NY

New Principal Place of Business:

Current Mailing Address:

C/O MICHELLE LE MARCHANT
19 E. 64TH ST.
NEW YORK, NY

New Mailing Address:

FEI Number: 13-3053800 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NRAI SERVICES, INC.

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:	DP	() Delete
Name:	WILDENSTEIN, GUY,	
Address:	19 E 64TH ST	
City-St-Zip:	NEW YORK, NY	
Title:	AS	() Delete
Name:	LE MARCHANT, MICHELL, E	
Address:	19 E 64TH ST	
City-St-Zip:	NEW YORK, NY	
Title:	DS	() Delete
Name:	WILDENSTEIN, KRISTIN, A	
Address:	19 E 64TH ST	
City-St-Zip:	NEW YORK, NY	
Title:	D	() Delete
Name:	BERNSTEIN, RICHARD K	
Address:	509 MADISON AVE	
City-St-Zip:	NEW YORK, NY	
Title:	AS	() Delete
Name:	GODTS, CLAUDINE	
Address:	19 EAST 64 ST	
City-St-Zip:	NEW YORK, NY	
Title:	AS	() Delete
Name:	MARTIN, MARTINE	
Address:	19 E. 64 STREET	
City-St-Zip:	NEW YORK, NY	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	() Change () Addition
Name:	
Address:	
City-St-Zip:	
Title:	() Change () Addition
Name:	
Address:	
City-St-Zip:	
Title:	() Change () Addition
Name:	
Address:	
City-St-Zip:	
Title:	() Change () Addition
Name:	
Address:	
City-St-Zip:	
Title:	() Change () Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDINE GODTS

AS

10/17/2007

Electronic Signature of Signing Officer or Director

Date