PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 JUL 19 PM 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400002946594--1
-07/30/99--01116--005
***1050.00 ***1050.00

DOCUMENT # H72086

1. Corporation Name
Rohara Arabian Horses, Inc.

Principal Place of Business	Mailing Address
c/o Karl V. Hart 3.2 mi. west of State Road 441 on Dungarvin Rd., Orange Lake, FL	P.O.Box 110 Orange Lake, FL 32681

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

97-99

REINSTATEMENT SP

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc Suite 1
City & State	City & State Ocala, FL
Zip / Country	Zip 34470 / Country Marion

4. Date Incorporated or Qualified To Do Business in Florida: 08/15/1985

5. FEI Number: 59-2589177 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DST	Hart, Roxanne R.	Dungarvin Rd. P. O. Box 110	Orange Lake, FL 32681
DP	Hart, Karl V.	Dungarvin Rd. P. O. Box 110	Orange Lake, FL 32681

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Karl V. Hart 3.2 mi west of St Rd 441 on Dungarvin Rd Orange Lake, FL 32681	Name: Karl V. Hart Street Address (P.O. Box Number is Not Acceptable): 125 NE 1st Ave. Suite, Apt. #, Etc: Suite 1 City: Ocala, State: FL, Zip Code: 34470

CR2E081 (12/98)

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: Karl V. Hart President — REGISTERED AGENT MUST SIGN — Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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, 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 617.0501, F.S. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Karl V Hart, President — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(352) 732-8121