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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
06 MAY -5 PM 4: 35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K53261**

1. Corporation Name

Eddie Plesa Racing Stable, Inc.

2. Principal Office Address

901 NW 122 Ave

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

Zip  
33325

Country  
Broward

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/22/1988

5. FFL Number

65-0098515

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name  
Michael G Chandross

600075268786

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

2300 West Sample Rd

05/25/06--01018--014

\*\*450.00

Suite, Apt. #, Etc.

202

City

Pompano Beach

State  
FL

Zip Code  
33073

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

Date  
04/21/06

REGISTERED AGENT MUST SIGN

**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
PD	Edward J. Plesa	901 NW 122 Ave	Plantation FL 33325
STD	Laurie S. Plesa	901 NW 122 Ave	Plantation FL 33325

REINSTATEMENT 04-06 5/11/06

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 contained in Chapter 119, 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

Date

4-24-06

Daytime Phone #

(954) 648-5009

*Pygocw*

**Eddie Plesa Racing Stables, Inc.  
901 NW 122 Ave  
Plantation, FL 33325**

Friday, April 21, 2006

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom it May Concern:

Enclosed is Corporation Reinstatement along with our check for \$450.

We moved and never received the renewal application. Please reinstate the Corporation without penalties.

Sincerely,



Edward J. Plesa, Pres