## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINS	PORATION STATEMENT		Secreta DIVISION OF	TTMENT OF STATE ry of State corporations	0;	FILED 5HAY-2 PHI2: I	6
DOCUMENT # N 000008450  1. Corporation Name  Blie 7 W ORLD POLO ACADEMY INC.					ALLAHASSEE. FLORIDA		
Brobenton, pc. 34207							
2. Principal Office Address  Great WOKLN POLEACADE?  Suite Act # etc.			3. Mailing Office Address		-		
Suite, Apt. #, etc.  7823 Heritage Classic C7.  City & State			Suite, Apt. #, etc. Pol. Jnl. (5reat WONLO ALADEMY  City & State 34202  BRADENSON, FC.  Zip Country		4. Date Incorporated or Qualified To Do Business in Florida  12/21/0   13		
Bradentin, FL 34202 Zip Country			BRADenton, FC.		5. FEI Number Applied For Not Applicable		
342	262	,	34202	,	6. CERTIFICATE		Additional Fee required r a Certificate of Status
Name  Name  LANAMIL M. RAIGNOSI  Street Address (P.O. Box Number is Not Acceptable)  HSGET FINEWOODER 7623 HM it apr. CLASTIC (7.  Suite, Apt. #, Etc.  State  State  State  Zip Code  FL 3 42-2							
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 Lawrence W., Bewins Date 4/24/35  REGISTERED AGENT MUST SIGN							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least							
Titles	Office	Name of ers and/or Directors	Street Address of Each Officer and/or Director		r	City / State	
PILS	T, M, 7,	47 WA-	7704 31	ne nton, R. 3	lløssa (7 14262	Braneson,	e, Jyan
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					4.0		
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 filling 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:  SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR.  Date:  Date:							