1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN -9 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

800026622628
01/09/04--01081--002 **61.25

103

DOCUMENT # N02000004391

1. Corporation Name
HEAVENLY HOOFS, INC.

2. Principal Office Address	3. Mailing Office Address
417 Celebration Avenue	417 Celebration Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Celebration, Florida	City & State: Celebration, Florida
Zip: 34747 Country: USA	Zip: 34747 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida June 7, 2002

5. FEI Number 13-420-5662 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Thomasa Tompkins

Street Address (P.O. Box Number is Not Acceptable): 417 Celebration Avenue

Suite, Apt. #, Etc.:

City: Celebration State: FL Zip Code: 34747

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: Thomasa Tompkins
REGISTERED AGENT MUST SIGN

Date: 12/26/03

CR2E081 (10/02)

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
D	Thomasa Tompkins	417 Celebration Avenue	Celebration, FL 34747
D	Thomas Tompkins	1731 Boggy Creek Road	Kissimmee, FL 34744
D	Kristen Young	1637 East Vine Street	Kissimmee, FL 34744

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 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: Thomas Tompkins 12/26/03 407-566-8305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ALLEN, LANG, CARPENTER & PEED, P.A.
ATTORNEYS AT LAW
14 EAST WASHINGTON STREET, SUITE 600
ORLANDO, FLORIDA 32801-2156

POST OFFICE BOX 3628
ORLANDO, FLORIDA 32802-3628

TELEPHONE (407) 422-8250
FAX (407) 422-8262

December 26, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Heavenly Hoofs, Inc.

Hello:

On behalf of Heavenly Hoofs, Inc., a Florida non-profit corporation, I have enclosed a reinstatement application, together with a check in the amount of $61.25 as the 2003 annual report fee.

I respectfully request waiver of the $175 reinstatement fee because Heavenly Hoofs, Inc. never received the 2003 annual report form and so did not submit the report. I think what might have happened is that the corporation changed its business and mailing address in 2003 and so the report may not have been sent to the correct address.

I would request that you process the enclosed application and reinstate Heavenly Hoofs, Inc. Please call me at **802-863-0307** if you have any questions regarding the enclosed.

Respectfully,

James F. Basque, Esq.