


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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DOCUMENT # **NO3460**

1. Corporation Name **Miami Dade Dressage Association, Inc.**

REINSTATEMENT 98-00

2. Principal Office Address **X 11840 SW 80th St #527**
 Suite, Apt. #, etc. **MIAMI FL 33183 USA**

3. Mailing Office Address **SAME**
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **6/16/84**

5. FEI Number **X 592471241** 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 **Dale C. Glassford, Esq.**

Street Address (P.O. Box Number is Not Acceptable) **13888 SW 139th Ct.**

Suite, Apt. #, Etc. **100003308011-9**

City **MIAMI** State **FL** Zip Code **33186**

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 **Dale C. Glassford, Esq.** Date **6/5/00**

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
X	Pelle Wedenmark	11840 SW 80th St #527	MIAMI FL 33183
X	Rebeca Lamas	7309 W. Flagler St.	Miami, FL 33144
X	Isabel Valenciu	1543 Dorado Ave.	Coral Gables, FL 33146
X	Armando C. Salazar	919 SW 23rd Road	Miami, FL 33129
X	Charmaine W. Teeza	9901 SW 79th Ave	Miami, FL 33156
X			

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: **Rebeca Lamas, V.P.** Date **May 22 2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 262-4240

1/3 UP TO

[Handwritten signature]