

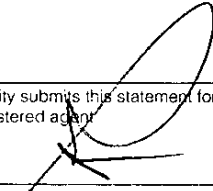


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000007699 1. Entity Name EQUUS ESTATES PROPERTY OWNERS' ASSOCIATION, INC.						FILED 07 OCT 17 PM 1:55 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 837 - 8TH STREET VERO BEACH, FL 32962				Mailing Address 837 - 8TH STREET VERO BEACH, FL 32962			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2066 14th Avenue		 REINSTATEMENT 07 10/17/2007 REIN-NP CR2E000 (1/07)			
Suite, Apt. #, etc. #101		Suite, Apt. #, etc. #101					
City & State Vero Beach		City & State Vero Beach					
Zip 32960		Country USA		4. FEI Number 48-2012222		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent REXFORD, C. JOHN 837 - 8TH STREET VERO BEACH, FL 32962			
7. Name and Address of New Registered Agent Name Robert L. Brackett Street Address (P.O. Box Number is Not Acceptable) 2066 14th Ave #101 City Vero Beach FL Zip Code 32960				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
Make check payable to Florida Department of State				10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
TITLE D <input checked="" type="checkbox"/> Delete NAME REXFORD, C. JOHN STREET ADDRESS 837 - 8TH STREET CITY-ST-ZIP VERO BEACH, FL 32962				TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Robert L. Brackett STREET ADDRESS 2066 14th Ave #101 CITY-ST-ZIP Vero Beach FL 32960			
TITLE D <input checked="" type="checkbox"/> Delete NAME MOSBY, RANDY STREET ADDRESS 837 - 8TH STREET CITY-ST-ZIP VERO BEACH, FL 32962				TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Daniel S. Brackett STREET ADDRESS 1425 43rd CT CITY-ST-ZIP Vero Beach FL 32960			
TITLE D <input checked="" type="checkbox"/> Delete NAME MOSBY, GLORIA STREET ADDRESS 837 - 8TH STREET CITY-ST-ZIP VERO BEACH, FL 32962				TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Robert A. Brackett STREET ADDRESS 8600 8th St CITY-ST-ZIP Vero Beach FL 32966			
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