PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # N0700003923 1. Corporation Name Ry Joy m. n. stry Horse of Hale Inc. Secand Coance REINSTATE MENN 3. Maling Office Address 10/08/09_01109_0103 ***61.25 2. Principal Office Address - No P.O. Box # 3. Maling Office Address Suite, Apt. #. etc. 10/08/09_01109_0103 ***61.25 3. Maling Office Address 10/08/09_01109_0103 ***61.25 3. Maling Office Address 10/08/09_01109_0103 ***61.25 3. Maling Office Address 4. Date incorporated of Coance 4. Date incorporated of Coance 5. FEI Number 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED 333 Additional of Coance 3. Maling Office Address 4. Date incorporated of Status 4. Date incorporated of Status 5. FEI Number 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED 333 Additional of Coance 3. Maling Office Address 4. Date incorporated of Status 5. FEI Number 5. FEI Number 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED 333 Additional of Coance 6. CERTIFICATE OF STATUS DESIRED 333 Additional of Coance 4. Date incorporated of Status 5. FEI Number 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED 335 Additional of Coance 6. CERTIFICATE OF STATUS DESIRED 335 Additional of Coance 6. CERTIFICATE OF STATUS DESIRED 335 Additional of Coance 6. CERTIFICATE OF STATUS DESIRED 335 Additional of Coance 6. CERTIFICATE OF STATUS DESIRED 335 Additional of Coance 6. CERTIFICATE OF STATUS DESIRED 335 Additional of Coance 6. CERTIFICATE OF STATUS DESIRED 335 Additional of Coance 6. CERTIFICATE OF STATUS DESIRED 345 Additional of Coance 6. CERTIFICATE OF STATUS DESIRED 345 Additional of Coance 7. Name and Address of Canace 7. Name and Address of Canace 8. Date of Coance 8. Date of Coance 9. Name and Address of Canace 9. Name and Stroat Address and of Director of Coance 9. Name and Stroat Address	CORPORATION FLORIDA DEPAR Secretal DIVISION OF CO			of State	09 OCT -8 PM 4: 44		
2. Principal Office Address No P.O. Box # 3. Malling Office Address Surject No P.O. Box # 3. Malling Office Address 10/08/09—11129—1003 ***61.25 Surie, Apil. #, etc. 2. Date incorporated or Qualified To Do Business' in Florida 5. FEI Number Applied For Not Applied	DOCUMENT # NO70,00003923 1. Corporation Name Rylysministry Horse of Hole INC. Second Chance						
City & State Country Zip Country Zip Country Country To Do Business in Florida 5. FEI Number Certificate of Status Desired The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. City Suite, Apt. #. Etc. City Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Other and Addresses of Each Officer and/or Directors Applied For Not Applicable 5. FEI Number Country 6. CERTIFICATE OF STATUS DESIRED Applied For Not Applicable Street Addresses (P.O. Box Number is Not Acceptable) The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. SUID 16.1 49.7643 10.702.709.—0.1029—0.004 ***1.75.00 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 of 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 16. CERTIFICATE OF STATUS DESIRED Applied For Not Applicable The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. SUID 16.1 49.7643 10.702.709.—0.1029—0.004 PAREGISTERED AGENT MUST SIGN Date 10.702.709.—0.1029—0.004 10.702.709.—0.1029—0.004 10.702.709.—0.1029—0.004 10.702.709.—0.1029—0.004 10.702.709.—0.1029—0.004 10.702.709.—0.1029—0.004 10.702.709.—0.1029 10.702.709.—0.1029 10.702.709.—0.1029 10.702.709.—0.1029 10.702.709.—0.1029 10.702.709.—0.1029 10.702.709.—0.1029 10.702.709.—0.1029 10.702.709.—0.1029 10.702.709.—0.1029 10.702.709.—0.1029 10	2811 N.W 787111 3040 No 25					54 OF	
Springs Spri				·			
7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)	Co/4/	Springs Flands Country	forging Deach of	Elassia Country		Not Applicable	
Name The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. State Zip Code FL 3669 10/03/09-01029-004 **175, 00 Signature of Registered Agent Registered Agent Registered Agent Registered Agent Registered Addresses of Each Officer and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors City / State / Zip Code City / State / Zip City / City / State / Zip City /	3306	5 Donard	33069				
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 Part 15, 10 REGISTERED AGENT MUST SIGN Date 16-3-69 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director (City / State / Zip Officer and/or Director Officer and/or Director (Florida nonprofit Corporations must list at least 3 directors)	Name R4 dal Ph CoPc/1n/ Street Address (P.O. Box Number is Not Acceptable) 3040 NW 754 Suite, Apt. #, Etc.			'	 circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee he waived. 		
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip	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 16-3-69						
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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 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: 16-3-69 722-68-5066 GIGNATURE AND TIPED OF PRINTED NAME OF SIGNING OPFICER OR DIRECTOR Date Daylime Phone #							