2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 29, 2009
Secretary of State

DOCUMENT# N08000009575

Entity Name: EQUINE ENDEAVORS OF TAMPA BAY INC.

Current Principal Place of Business:

18810 SNAILS PACE WAY
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

18810 SNAILS PACE WAY
ODESSA, FL 33556

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LARZELERE, LESLIE
18810 SNAILS PACE WAY
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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.

SIGNATURE: LESLIE LARZELERE
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LARZELERE, LESLIE
Address: 18810 SNAILS PACE WAY
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete
Name: BRITTON, SCOTT
Address: 10 EAGLE LANE
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete
Name: RASCH, JEFFREY
Address: 6920 MICHIGAN DR.
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE LARZELERE D 09/29/2009
Electronic Signature of Signing Officer or Director — Date