


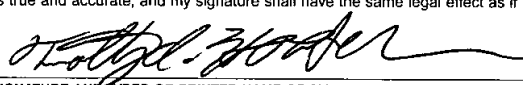
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 23 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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-06/11/02--01002--015  
\*\*\*\*420.00 \*\*\*\*420.00

REINSTATEMENT 99-02

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <b>N26486</b>			
<b>1. Corporation Name</b> The Equestrian Club Property Owners Association, Inc.			
<b>2. Principal Office Address</b> 3150 Hickstead Place Suite, Apt. #, etc. City & State Wellington, Florida Zip 33414		<b>3. Mailing Office Address</b> same Suite, Apt. #, etc. City & State Zip Country	
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 5/18/88	
		<b>5. FEI Number</b> 650069584	
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<b>7. Name and Address of Current Registered Agent</b>			
Name Kerry R. Schwencke			
Street Address (P.O. Box Number is Not Acceptable) 1209 North Olive Avenue			
Suite, Apt. #, Etc.			
City West Palm Beach			
State FL			
Zip Code 33401			
<b>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.</b>			
Signature of Registered Agent Date 4/18/02 REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Timothy Hooker	3150 Hickstead Place	Wellington Fla. 33414
VP/D	Graig Lindner	One E. 4th St.	Cinn. OH 45202
VP/D	Joan Goodman	777 So Flagler Dr Suite 1106	WPB FL 33401
<b>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.</b>			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Timothy Hooker, President Date (561) 793-9260 Daytime Phone #			

CR2E081 (9/01)