

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

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

FILED

02 AUG 26 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1748588
Sunshine State

1. Corporation Name

Racking & Walking
Horse Association

100007335751--8
-08/26/02--01041--005
****420.00 ****420.00

2. Principal Office Address

15656 Ponce De Leon Blvd.
Suite, Apt. #, etc.

3. Mailing Office Address

15656 Ponce De Leon Blvd.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

4/28/90

City & State

Brooksville FL

City & State

Brooksville FL

5. FEI Number

593129423

Applied For

Not Applicable

Zip

Country

34601

Hernando

Zip

Country

34601

Hernando

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Debbie DesChamps

Street Address (P.O. Box Number is Not Acceptable)

15656 Ponce De Leon Blvd.

Suite, Apt. #, Etc.

City

Brooksville

State

FL

Zip Code

34601

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

Debbie DesChamps

Date

7/18/02

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
P	Edward Boone	9563 Handley Court	Orlando, FL 32817
S	Debbie DesChamps	15656 Ponce De Leon Blvd.	Brooksville, FL 34601
D	Donna Conkle	30131 ST Joe Rd.	Dade City, FL 33525
D	Marie-Cassini	1236 Sation Rd.	Brooksville, FL 34601
D	Elmer Cottle	226 Padgett Pl.	Lakeland, FL 33809

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:

Debbie DesChamps Debbie DesChamps - S 7/18/02 352 7960298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)