PLEASE READ ALL INSTRUCTIONS BEFORE COMPRETING THIS FORM. CORPORATION REINSTATEMENT PLORIDA DEPARTMENT OF STATE KATHERINE HARTIS SECRETARY OF STATE ACCORDINATION BESCHOLD STATE BLANASSEE, FLORIDA COUMENT # N 97 0 0000 4629 COUMENT # N 97 0 0000 4629 COUMENT # W 97 0 0000 4629	•	•			•			
REINSTATEMENT REINST		PLEASE R	EAD ALL INS	TRUCTIONS BEFOR	RE COMPAÈTH	M&/EH	IS FORM.	
Sport Horse Owners and Breeders Association Inc 2. Pencipal Office Address [3 04] Manor House of PMB 241, 4753 Manastheria Statement October Sulto, Act. 8, etc. Tallahause FL Top 3 Sulto Top		2 10 10 H		Katherine Harris Secretary of State	OI AUG -2			
Suite, Apt. #, etc. Tallahauuff Tallahauuff Tallahauuff Suite, Apt. #, etc. Tallahauuff Tallahauuff Tallahauff Tallahauff Tallahauff Tallahauff Tallahauff Tallahauff Tallahauff Tallahauff Tallahauff Suite, Apt. #, etc. City Suite, Apt. #, etc. City Tallahauff Tallahauff	4 ~	N.		•	TALLAHASS	Y OF ST EE, FLOI	ate Rid a	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) South, Apt #, Etc. City State City State Strate Address agent of the above ragned corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent P. 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 Officers and/or Directors Officers and/or Directors Abhey Rd, Box 284 Tla GA 30647 DIR Patricia K Blanton 4601 Killimare Lane Tablahasse Tablahasse Ft 3230 DIR Chery III M Frank ISon Manuer House Dr Tablahasse Ft 3230 10. Learly 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 constatement 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 this constatement 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	Suite, Apt. # City & State Talla Zip	A Manor Hou t, etc. ahassee, Fl	Se Dr PMB Suite, Apt. # Suite City & State Tau Zip	241, 6753 Tho tetc. He 108 aharre FL Country	4. Date Incorp To Do Busin 5. FEI Numbe	orated or Q ness in Flori	2304	Applied For Not Applicable
Street Address (P.O. Box Number is Not Acceptable) So		gar er i sam sam e	. 7.	Name and Address of Current R	legistered Agent			
8. I, being appointed the registered agent of the above pagned corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officers and/or Directors Officer and/or Director Officer and/or Di		Street Address (P.O. Box Nur	mber is Not Accentable)	, ,	70			-085
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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 Officer and/or Directors Officer and/or Director DIR Patricia K Blanton 4 Leal Killimure (an e Tallahassu Ft 3230) DIR Chery II M Frank 13.09 Manur Hanse Dr Tallahassu Ft 3230 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	8. I, being	Allegania de la responsa de la respo		poration, am familiar with and acce	pt the obligations of section	on 607.0505	or 617.0503, F.S.	,
Name of Officers and/or Directors Street Address of Each Officer and/or Director Dr Recher Maggie Sjoberg Abbey Rd, Box 284 Ila GA 30647 DIR Patricia K Blanton 4601 Killimore lane Tallahassu Fl 32300 DIR Chery II M Frank I309 Manur House Dr Tallahassee Fl 323 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			RECONTERED A	GENT MUST SIGN	<u> </u>	Date	8/2/01	
Officer and/or Directors Officer and/or Directors Officer and/or Director Abhey Rd, Box 284 Tla GA 30647 DIR Patricia K Blanton 4601 Killimere lane Tablahasse FL 3230 DIR Chery II M Frank 1309 Manur House Dr Tablahasse FL 323 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	9. Names	and Street Addresses of Each C	Officer and/or Director (F	lorida nonprofit corporations must	list at least 3 directors)			<u>,</u>
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SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

\$/3/0/ \$93.8532 Date Daytime Phone #