

| 7 | F | ² LĘASE READ <i>F</i> | ALL INSTRUC | TIONS BEFORE | COMPLETI | ING THIS FORM. | 1019 | |
|--|--|--------------------------------------|----------------------------|---|---|---|-------------------------------|--|
| CORPORATIONS CORPORATIONS CORPORATIONS CORPORATIONS CORPORATIONS | | | | | | FILED 01 OCT-1 AM 10: 24 | | |
| DOCUMENT # POOLOOO 13 V8 1. Corporation Name | | | | | | SECRETAR TRUE STATE TALLAHASSEE, FLORIDA | | |
| THUROUGHBRED DEVELOPMENT COMPANY INC | | | | | | | | |
| 2. Principal Office Address 4800 N. AIA | | | 3. Mailing Office Addr | dress SAME | | | | |
| Suite, Apt. #, | | | Suite, Apt. #, etc. | | A Date Incor | porated or Qualified | | |
| # 2 | | | City & State | | | iness in Florida JAN 24 | 1. 2000 | |
| City & State VERO BEACH FL | | | City is state. | | 5. FEI Number 5 9 | er 7-3623825 | Applied For Not Applicable | |
| Zip Country 32963 U.SA: | | | Zip | Country | | E OF STATUS DESIRED S8.75 Add for a Ce | | |
| | | | 7. Name and | nd Address of Current Regist | tered Agent | | | |
| ŧ | Name n | Nau G | 1. 7- | | | Жиндиний на пределательной н | | |
| _ | MICHAEL GARAMA I.A. Esq. Street Address (P.O. Box Number is Not Acceptable) 756 BEACHLAND BOWLEVAYE Suite, Apt. #, Etc. | | | | | 2000046256721 -10/08/0101005-016 | | |
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| ÷ | City | City VERO BEACH | | | | State Zip Code FL 32943 | | |
| 8. I, being (| appointed the | registered agent of the abov | renamed corporation, ar | ım familiar with and accept the | obligations of section | ion 607.0505 or 617.0503, F.S. | | |
| Signature of Registered Agent REGISTERED AGENT MUST SIGN | | | | | AUDUM MINISTER OF THE STATE OF | Date 9/28/01 | paraners | |
| 9. Names | and Street Ad | idresses of Each Officer and | /or Director (Florida nons | nprofit corporations must list at | t least 3 directors) | | | |
| Titles | | Name of Officers and/or Directors | | Street Address of Each Officer and/or Director | | City / State / Ziç | City / State / Zip | |
| PRESIDENT | MARK MEINTOSH 4800 | | | 800 N. AIA * | 117 | ······································ | VERU BEACH FZ 32963 | |
| V-PRES | James | ROBERS | | 200 COCCNUT PALM | | | INDIAN RIVER SHORES FE | |
| SETTER | un MARY ROBERS ZOU COCONI | | | | <u>ım</u> | INDIAN RIVER St | tures FI | |
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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 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:

PRISIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2012

Thoroughbred Development Company Inc. 4800 N. A1A
Suite 2
Vero Beach, Florida, 32963
561-234-3101 office
561-234-5101 fax

September 27, 2001

Dear Staff:

Enclosed please find the corporation reinstatement form for the year 2001.

I have also included a check for the original annual fee of \$150 and an additional amount of \$8.75 for a certificate of status.

We are asking that the reinstatement fee of \$600 be waived. Please waive this fee as we did not receive the original annual report to be filed. We did change our mailing address but the annual report should have been forwarded to the new address.

Please notice the old address: 218 Longview Ave

Celebration FL 34747

new address: 4800 N. A1A Suite 2

Vero Beach, FL 32963

I will assure you that in the future this report will be filed in a timely manner when received.

Thank you,

Mark McIntosh

President