

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 19 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000091348

1. Corporation Name

FRESH HORSES, INC.

2. Principal Office Address

1115 E. Jefferson St.

Suite, Apt. #, etc.

3. Mailing Office Address

1115 E. Jefferson St.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

USA

Zip

32801

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 9/27/2000

5. FEI Number

NONE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Amanda C. Ray

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

1115 E. Jefferson St.

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code
32801

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**

See below
REGISTERED AGENT MUST SIGN

Date 04-12-04

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
Pres	Amanda C. Ray	1115 East Jefferson St.	Orlando, FL 32801

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-04

Date

321-303-4173

Daytime Phone #

CR2E081 (01/04)