

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 16 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 00000095496

1. Corporation Name

UNICORN HORSE BREEDERS, INC.

REINSTATEMENT 00-02

300009527023
12/16/02--01082--005 **150.00

2. Principal Office Address

9000 SW 125 TERRACE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

Zip

Country

33176

VS

4. Date Incorporated or Qualified
To Do Business In Florida

10/19/2000

5. FEI Number

☒ 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

MAXIME DEBEST

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

9000 SW 125TH TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

8. Being appointed the registered agent of the above named corporation, I am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/13/02

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	MAXIME DEBEST	9000 SW 125TH TERRACE	MIAMI, FL. 33176

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

12/13/02

Date

305/255-6367

Daytime Phone #

CR2E081 (9/01)