

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 14 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000001569*

1. Corporation Name

DEMAREZ FARMS ARABIANS, Inc

2. Principal Office Address

2552 Tomoka Farms Rd

Suite, Apt. #, etc.

3. Mailing Office Address

2552 Tomoka Farms Road

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH, FL

Zip

32128

Country

USA

Zip

32128

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2001

5. FEI Number

59-3688152

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

LAPHAM, DIANE

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

2552 TOMOKA FARMS ROAD

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State
FL

Zip Code

32128

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/4/03

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
<i>DD</i>	<i>LAPHAM, DIANE</i>	<i>2552 Tomoka Farms Rd</i>	<i>DAYTONA BEACH, FL</i> <i>32128 *</i>
<i>STB</i>	<i>MARQUEEZ, Thelma</i>	<i>2552 Tomoka Farms Rd</i>	<i>DAYTONA BEACH, FL</i> <i>32128 *</i>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/03

Daytime Phone #

(386) 788-7767

CR2E081 (10/02)

DEMARAZ FARMS ARABIANS, INC.

2552 TOMOKA FARMS ROAD
DAYTONA BEACH, FL 32128
(386) 788-7767

January 3, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Demaraz Farms Arabians, Inc., Document Number PO1000001569

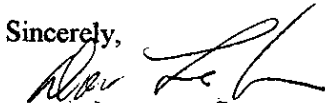
I have recently discovered that the above corporation has been administratively dissolved because the business report was not filed for 2002.

I wish to have the above corporation reinstated as active. I am enclosing a completed Uniform Business Report for 2002 and 2003. I am also enclosing a check in the amount of \$300.00 (\$150 for 2002 reporting fee and \$150 reporting fee for 2003).

I would like to request a waiver of the penalty fee, because we did not receive our Uniform Business Report during the past year. Our entire area had zip code changes, perhaps that was the reason we did not receive the form. (Please note the zip code change on the report enclosed.)

Thank you for helping us get this resolved. If you need to contact me for further information, I can be reached at the above address.

Sincerely,



Diane Lapham
President