

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 22 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000085853

1. Corporation Name

Stoneriggs Stallions, Inc.

2. Principal Office Address

14050 NW C326

Suite, Apt. #, etc.

City & State

Morrison, FL

Zip

32668

Country

USA

3. Mailing Office Address

14050 NW C326

Suite, Apt. #, etc.

City & State

Morrison, FL

Zip

32668

Country

USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified

To Do Business in Florida August 30, 2001

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

Robert J. Slack

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

14050 NW C326

Suite, Apt. #, Etc.

City

Morrison

State

FL

Zip Code

32668

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

Robert J. Slack

Date 6/21/04

REGISTERED AGENT MUST SIGN

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/S/T	Robert J. Slack	14050 NW C326	Morrison, FL 32668

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:

Robert J. Slack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/04

Date

352-690-7671

Daytime Phone #

CR2E081 (01/04)