

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 30 PM 2:54

DOCUMENT # P01000690787

1. Corporation Name

Equus One, Inc.

2. Principal Office Address

6231 PGA Blvd

Suite, Apt. #, etc.

#104

City & State

Palm Beach Gardens, FL

Zip

33418

Country

USA

3. Mailing Office Address

6231 PGA Blvd

Suite, Apt. #, etc.

#104

City & State

Palm Beach Gardens, FL

Zip

33418

Country

USA

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

9/17/2001

5. FEI Number

65-1138822

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

Michael Kalland

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

13395 Running Water Rd

Suite, Apt. #, Etc.

Pat

City

Palm Beach Gardens

State

FL

Zip Code

33418

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

Michael Kalland

Date

12/15/05

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
Pres	Michael Kalland	13395 Running Water Rd Palm Beach Gardens, FL	Palm Beach Gardens, FL 33418

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:

Michael Kalland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/05 561-248-5065

Daytime Phone #