

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 OCT 12 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000101046

1. Corporation Name

Equine Distributors, Inc.

Annual Report 10/2004 / 10/2005

2. Principal Office Address - No P.O. Box #

8875 Hidden River Parkway

3. Mailing Office Address

8875 Hidden River Parkway

Suite, Apt. #, etc.

Suite 303

Suite, Apt. #, etc.

Suite 303

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33637

Country

USA

Zip

33637

Country

USA

900186590539
10/12/10--01059--013 **1695.00

REINSTATEMENT 04-1D

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/2002

5. FEI Number
27-3471205

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
Anita Shelby

Street Address (P.O. Box Number is Not Acceptable)
8875 Hidden River Parkway

Suite, Apt. #, Etc.
Suite 303

City State Zip Code
Tampa FL 33637

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 *Anita Shelby*

Date 09/27/2010

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	Anita Shelby	8875 Hidden River Parkway, Suite 303	Tampa, FL 33637
VP	Jeff Case	8875 Hidden River Parkway, Suite 303	Tampa, FL 33637
S	Kristen Nelson	8875 Hidden River Parkway, Suite 303	Tampa, FL 33637
T	Edward Gordon, CPA	8875 Hidden River Parkway, Suite 303	Tampa, FL 33637

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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: *Anita Shelby* Anita Shelby

09/27/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #