

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**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

Suite, Apt. #, etc.

Suite 303

City & State

Tampa, FL

Zip

33637

Country

USA

3. Mailing Office Address

8875 Hidden River Parkway

Suite, Apt. #, etc.

Suite 303

City & State

Tampa, FL

Zip

33637

Country

USA

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

Tampa

State

FL

Zip Code

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*

REGISTERED AGENT MUST SIGN

Date 09/27/2010

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/27/2010

Date

Daytime Phone #

FILED

10 OCT 12 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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