

ATTACHMENT 1 of 2

**2008 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

08 SEP 17 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09162008 REIN-P CR2E098 (1/07)

4. FEI Number
11-3662011
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**6. Name and Address of Current Registered Agent**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/16/08

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	DOHER, CHAD	1829 NORTHWEST 10TH STREET	OCALA, FL 34475				
VD	JOHNSTON, RYAN	1829 NORTHWEST 10TH STREET	OCALA, FL 34475				
SD	DOHER, GABRIEL	1829 NORTHWEST 10TH STREET	OCALA, FL 34475				

REINSTATEMENT 2008

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/08 3:27

Daytime Phone #

622-0010

September 16, 2008

Dear Sir or Madam;

I am writing a letter in regards to the Certificate of Dissolution of Four Horsemen Investment Group, Inc., Document # P02000120526.

Sequence of Events

We mailed our annual report when we were supposed. Due to some issues with our bank the check was returned. We missed it at our bank. In July or August, at the end of the month or beginning of the next, we received notification the check had been returned. I called Ms. Chin. To let her know that we had just received the notice and that we were going to be late sending the replacement money orders. I kept in regular contact with her. We had an understanding that she needed to receive it midweek of the September 8th. So around the 10th or 11th. I mailed the replacement on September 8th. Due to error on the envelope (wrong zip code), it was returned to us on the 15th of September. I called as soon as I returned on the 16th of September. I explained the situation. I am asking that you please waive the penalty fee for this Corporation. We apologize for any inconvenience this may have caused. Thank-You Very Much.

Sincerely,

Donna Wade
Office Manager
Four Horsemen Investment Group
1829 NW 10th St
Ocala, Fl 34475
352-622-0010

