

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -6 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000124711

1. Corporation Name

WALHORSE CONSTRUCCION INC.

2. Principal Office Address

495 S.W. BALFOUR AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PSL

City & State

FLORIDA

Zip

34953

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11-22-02

5. FEI Number

134223199

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

MARTIN CORONA

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

495 S.W. BALFOUR AVE

Suite, Apt. #, Etc.

City

PSL FL. 34953

PSL

State

FL

Zip Code

34953

200023560772
10/06/03--01013--006 **750.00

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

Martin Corona

REGISTERED AGENT MUST SIGN

Date

10-03-03

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.	MARTIN CORONA	495 SW BALFOUR AVE	PSL FL. 34953

REINSTATEMENT 03 1TS

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:

Martin Corona

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-03-03

Daytime Phone #

CR2E081 (10/02)