

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. B 192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000072708

1. Corporation Name

PRO-RIDING STABLES, INC.

2. Principal Office Address

14130 E. PALOMINO DR.

Suite, Apt. #, etc.

City & State

S.W. RANCHES, FL

Zip

33330

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/8/03

5. FEI Number

20-0069403

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

ALFREDO GONZALEZ

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

14130 E. PALOMINO DRIVE

Suite, Apt. #, Etc.

City

SOUTH WEST RANCHES

State

FL

Zip Code

33330

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

[Signature]

Date

10/19/05

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
<u>PD</u>	<u>ALFREDO GONZALEZ</u>	<u>14130 E. PALOMINO DR.</u>	<u>SOUTH WEST RANCHES, FL 33330</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/05

Daytime Phone #

84-658-5313

FILED

05 OCT 21 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

T. R. CR2E081 (8/05) OCT 26 2005

10292

Pro-Riding Stables, Inc.

14130 E. Palomino Drive
South West Ranches, Florida 33330

October 19, 2005

Division of Corporations
P.O.Box # 1500
Tallahassee, Florida 32302-1500

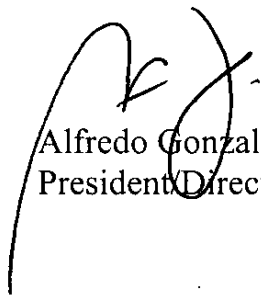
Ref: Reinstatement (P03000072702)

To whom it may concern:

While preparing some documents our attorney noted that our corporation was inactive, we don't recall receiving the renewal notices thus, we are very careful and pay all our bills on time in order to avoid late fees. As instructed by your office we ask that you consider waiving the penalty fee imposed; our current financial condition does not allow us to absorb any added cost since it will cause a tremendous financial hardship. As advised enclosed please find our Corporate Reinstatement Form and a check for \$300.00 to cover the filing cost for 2004 and 2005. Thanking you in advanced and hoping you will understand our situation I remain

If you have any questions, please don't hesitate to contact us.

Sincerely Yours,



Alfredo Gonzalez
President/Director