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08 OCT -6 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (10/08)

<div style="display: flex; justify-content: space-around; align-items: center;"><div style="text-align: center;"><p><b>CORPORATION REINSTATEMENT</b></p></div><div style="text-align: center;"><p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p></div></div>		<p><b>FILED</b></p> <p>08 OCT -6 PM 1:17</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																												
<p><b>DOCUMENT # P03000116126</b></p>																														
<p><b>1. Corporation Name</b></p> <p style="font-size: 1.2em; margin-left: 40px;">Oak Hill Stables Inc.</p>																														
<p><b>2. Principal Office Address - No P.O. Box #</b></p> <p>1430 N.W. 114th Loop</p> <p>Suite, Apt. #, etc.</p> <p>City &amp; State</p> <p>Ocala, FL</p> <p>Zip Country</p> <p>34475 U.S.A</p>		<p><b>3. Mailing Office Address</b></p> <p>1430 N.W. 114th Loop</p> <p>Suite, Apt. #, etc.</p> <p>City &amp; State</p> <p>Ocala, FL</p> <p>Zip Country</p> <p>34475 U.S.A</p>																												
		<p><b>4. Date Incorporated or Qualified To Do Business in Florida</b> 10/17/2003</p> <p><b>5. FEI Number</b> 522404621 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</p> <p><b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																												
<p><b>7. Name and Address of Current Registered Agent</b></p> <p>Name</p> <p>Louisa M. Wright</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>1430 N.W. 114th Loop</p> <p>Suite, Apt. #, Etc.</p> <p>City State Zip Code</p> <p>Ocala FL 34475</p>		<p><input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.</p>																												
<p><b>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.</b></p> <p>Signature of Registered Agent <i>Louisa M. Wright - President</i> Date <i>10-3-2008</i></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																														
<p><b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>Pres</td><td>Louisa M. Wright</td><td>1430 N.W. 114th Loop</td><td>Ocala, FL 34475</td></tr><tr><td>V.P.</td><td>Shannon L. Wright</td><td>1430 N.W. 114th Loop</td><td>Ocala, FL 34475</td></tr><tr><td>Sec</td><td>Douglas J. Debieen</td><td>143 N.W. Berkeley Ave</td><td>Port St. Lucie, FL 34986</td></tr><tr><td></td><td style="text-align: center; font-size: 1.5em;">RH</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table> <p style="text-align: center; font-size: 1.5em; margin-top: 20px;">REINSTATEMENT</p>			Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Pres	Louisa M. Wright	1430 N.W. 114th Loop	Ocala, FL 34475	V.P.	Shannon L. Wright	1430 N.W. 114th Loop	Ocala, FL 34475	Sec	Douglas J. Debieen	143 N.W. Berkeley Ave	Port St. Lucie, FL 34986		RH										
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<p><b>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 contained in Chapter 119, 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.</b></p> <p>SIGNATURE: <i>Louisa M. Wright - President</i> 10-3-2008 772-985-013</p> <p style="font-size: 0.8em;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</p>																														

Oak-Hill Stables, Inc.