3.40

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
SI O	DIDA DEDADINENT OF CTATE	FILED
CORPORATION FLOR REINSTATEMENT	RIDA DEPARTMENT OF STATE Secretary of State	09 APR -6 AM 8: 28
	DIVISION OF CORPORATIONS	OF ALOV OF STATE
DOCUMENT # P0300015	1772	SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Corporation Name Big Head Pail	Horse Production	Menu
Julian Pally	THOUSE PRODUCTION	1 m - 1/4 /D
	g an est o adjustments	way - 14640
2. Principal Office Address: No P.O. Boy # 3. M	ailing Office Address 829 NWRk+	700145685577 03/13/0901004014 **310.00
829NW81St Ave.	AVE	REINSTATEMENT 07-09
Suite, Apt. #, etc. Suite.	Apt. #, etc.	4. Date Incorporated or Qualified // / A F
City & State City &	State C	To Do Business in Florida 7/05 5. FEI Number MApplied For
Plantation, L Plantation, L Plantation	antation, Country	01-08347/4 Not Applicable
33324 U.S 3	3324 U.S	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Curren	t Registered Agent	V
Timothy Ward		The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable)		the prior notices. By checking this box, you are certifying the prior notices were not
Suite, Apt. #, Etc.	received and requesting the reinstatement	
City Plantation	State Zip Code FL 3332.4	fee be waived.
8. I. being appointed the registered agent of the above narged corporation, arr familiar with and accept the obligations of section 607.0505 or 617.0503. F.S.		
Signature of Registered Agent		
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	
P Timothy Ward	829 NW 8/5+ A1	e. Plantation, FL, 33324
1,11=11		
		700145685577
		04/07/0901032016 **140.08
REINSTATEMENT		
		700145685577
6.59 8		
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 reasonable 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 make under oath.		
SIGNATURE:		
SIGNATURE AND TYPED OR PRINTED YAME OF SIGNING OFFICER OR DIRECTOR DID Daytime Phone #		