


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAY -9 PM 12: 03

<b>DOCUMENT # P04000031083</b> 1. Entity Name ONE HUNDRED HORSEMEN, INC					
Principal Place of Business 1543 SAN LUIS RD TALLAHASSEE, FL 32304			Mailing Address 1543 SAN LUIS RD TALLAHASSEE, FL 32304		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <span style="float: right;"><input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</span>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FLETCHER, JERRY R JR 1543 SAN LUIS RD TALLAHASSEE, FL 32304				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b>   Zip Code</span>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>			In 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 P NAME CORCORAN, WALTER <input checked="" type="checkbox"/> Delete STREET ADDRESS 737 3RD AVE 29TH FLOOR CITY-ST-ZIP NEW YORK, NY 10017	TITLE P. NAME Jerry R. Fletcher Jr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 1543 San Luis Road CITY-ST-ZIP Tallahassee, FL 32304				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE V NAME Diane H. Fletcher <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 1543 San Luis Road CITY-ST-ZIP Tallahassee, FL 32304				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
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: <u>Diane H. Fletcher</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5-9-06</u>		Daytime Phone # <u>800074265078</u> <u>05/09/06--01028--023 **308.75</u>

REINSTATEMENT 05/10/06

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