


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000072144		
1. Entity Name THE HORSE BUTLER, INC.		

FILED
08 DEC -2 PM 3:56
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business PO BOX 291382 DAVIE, FL 33329	Mailing Address PO BOX 291382 DAVIE, FL 33329
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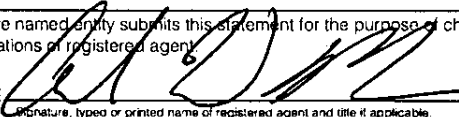
2. Principal Place of Business - No P.O. Box # 5201 SW 31 Ave	3. Mailing Address PO Box 290732
Suite, Apt. #, etc. Unit 150	Suite, Apt. #, etc.
City & State Fort Lauderdale, FL	City & State Davie, FL
Zip 33312	Country U.S.A.
Zip 33329	Country

11242008 REIN-P CR2E098 (1/07)

4. FEI Number 06-1724144	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

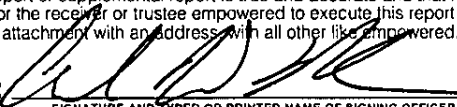
6. Name and Address of Current Registered Agent MOREAU, ANDREW W 3032 SW 52ST STREET FT LAUDERDALE, FL 33312-9616
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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  DATE 12/05/08 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOREAU, ANDREW PO BOX 291382 DAVIE, FL 33329 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400138379804 12/02/08--01030--001 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOREAU, DAVID J PO BOX 291382 DAVIE, FL 33329 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOREAU, DONNA W PO BOX 291382 DAVIE, FL 33329 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 12/05/08 954-209-4208 Daytime Phone #