PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 24 PM 1:23

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05/24/10--01044--005 **450.00

DOCUMENT # P04000102456

1. Corporation Name
QUARTER HORSE FEED & SUPPLIES, INC

CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11890 NW 87 Ct # 10-11	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
BAY 10 - 11	
City & State	City & State
HIALEAH FL	
Zip / Country	Zip / Country
33016 / USA	

4. Date Incorporated or Qualified To Do Business In Florida: 07/09/2004

5. FEI Number: 20-1350888 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ISELDA M DE LA OZ-SERA
Street Address (P.O. Box Number is Not Acceptable): 11890 NW 87 Ct
Suite, Apt. #/Etc: BAY 10 - 11
City: HIALEAH State: FL Zip Code: 33016

PROFIT CORPORATIONS ONLY

☒ The $600.00 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.

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: Iselda M de la Oz. Date: 05/17/2010
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
PSTD	Iselda de la Oz-Sera	11890 NW 87 Ct Bay 10-11	Hialeah, FL 33016

REINSTATEMENT

10. E-mail Address: _____
(To be used for future annual report notification)

11. 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. I further certify 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: Iselda M. de la Oz. 05/17/2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #