

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000096892

1. Corporation Name

CANALETE FARM FOALS TRAINING CENTER, INC.

2. Principal Office Address - No P.O. Box #

1751 SE 155 STREET

Suite, Apt. #, etc.

City & State

SUMMERFIELD, FL

Zip

34491

Country

3. Mailing Office Address

P.O. BOX 626

Suite, Apt. #, etc.

City & State

SUMMERFIELD, FL

Zip

34492

Country

7. Name and Address of Current Registered Agent

Name

VIRGINIA ROJAS

Street Address (P.O. Box Number is Not Acceptable)

1751 SE 155 STREET

Suite, Apt. #, Etc.

City

SUMMERFIELD, FL

State

FL

Zip Code

34491

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

REGISTERED AGENT MUST SIGN

Date

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
P	RICARDO SEGRERA	1751 SE 155 STREET	SUMMERFIELD, FL 34491
S/T	VIRGINIA ROJAS	1751 SE 155 STREET	SUMMERFIELD, FL 34491

10. E-mail Address: MILENAROJAS@HOTMAIL.COM

(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:

*Virginia Rojas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/07/10

Daytime Phone #

FILED

10 APR -9 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500175182475  
04/09/10--01034--010 \*\*750.00

REINSTATEMENT

09-10

4. Date Incorporated or Qualified  
To Do Business in Florida

07/24/2006

5. FEI Number

20-5250118

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.