## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000125275

Entity Name: HORSECRAFT CORP.

8015 SW, 107 AVE # 324

MIAMI, FL 33173 US

Address: City-St-Zip:

**FILED** Nov 01, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11775 ST. ANDREWS PL. **UNIT 106** WELLINGTON, FL 33414 **New Mailing Address: Current Mailing Address:** 11775 ST. ANDREWS PL. **UNIT 106** WELLINGTON, FL 33414 FEI Number: 20-5760596 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PB&LQ FINANCIAL CONSULTING FROEHLICH & DE LA RUA CPA 1001 BRICKELL BAY DR 12008 SOUTH SHORE BLVD **SUITE 2408** SUITE 211 MIAMI, FL 33131 US WELLINGTON, FL 33414 US 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. SIGNATURE: BEATRIZ DE LA RUA 11/01/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition RUBESA, IRMA Name: Name: 11775 ST. ANDREWS PL. UNIT 106 Address: Address: City-St-Zip: WELLINGTON, FL 33414 US City-St-Zip: Title: Title: DR () Delete () Change () Addition Name: DE CRAENE, FRANK Name: LA BRAMIERE Address: Address: VIVONNE, FR 86370 FR City-St-Zip: City-St-Zip: Title: Title: SEC (X) Delete () Change () Addition APONTE, KARINA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: IRMA RUBESA DR 11/01/2007