

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


10 APR 30 PM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/04/10--01012--012 **600.00

KS

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000126831

1. Corporation Name one Hundred Horsemen, Inc.

2. Principal Office Address - No P.O. Box #
7955 Airport Rd #101

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
NAPLES FL

Zip
34109

Country

REINSTATEMENT 09-10

4. Date Incorporated or Qualified To Do Business in Florida 11-29-07

5. FEI Number Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name J.R. Fletcher Jr.

Street Address (P.O. Box Number is Not Acceptable)
2312 SAN PEDRO AVE

Suite, Apt. #, Etc.

City Tallahassee State FL Zip Code 32304

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.

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 [Signature] Date 4-29-10

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
P	WALTER COYCOVAN	7955 Airport Rd #101	NAPLES, FL 34109
COO	Michael Sweeney	7955 Airport Rd #101	NAPLES, FL 34109
VP	ANTONIO FAGA	7955 Airport Rd #101	NAPLES, FL 34109

10. E-mail Address: hndrdhorse@aol.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: [Signature] J.R. Fletcher Jr. Date 4-29-10 Daytime Phone # 850-509-9999