

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

REINSTATEMENT 09-10

**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

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Zip

34109

Country

Zip

Country

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

D.R. Fletcher Jr.

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

2312 SAN PEDRO AVE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

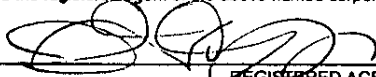
Zip Code

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



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 CORCOVAN	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-10

Date

850-509-9999

Daytime Phone #