

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000097211

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**Entity Name:** SABAL ROW SPORT HORSES, INC.

**Current Principal Place of Business:**

8961 CONFERENCE DRIVE  
SUITE 2  
FORT MYERS, FL 33919

**New Principal Place of Business:**

14030 METROPOLIS AVE  
SUITE 200  
FORT MYERS, FL 33912

**Current Mailing Address:**

8961 CONFERENCE DRIVE  
SUITE 2  
FORT MYERS, FL 33919

**New Mailing Address:**

14030 METROPOLIS AVE  
SUITE 200  
FORT MYERS, FL 33912

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

STROEMER, WENDI D  
8961 CONFERENCE DRIVE  
SUITE 2  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

STROEMER, WENDI D  
14030 METROPOLIS AVE  
SUITE 200  
FORT MYERS, FL 33912 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: WENDI STROEMER

01/25/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STROEMER, WENDI D  
Address: 14030 METROPOLIS AVE STE 200  
City-St-Zip: FORT MYERS, FL 33912

Title: VP  
Name: GERLACH, MICHELLE M  
Address: 14030 METROPOLIS AVE STE 200  
City-St-Zip: FORT MYERS, FL 33912

I hereby 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 all other like empowered.

SIGNATURE: WENDI STROEMER

P

01/25/2010

Electronic Signature of Signing Officer or Director

Date