

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 25 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P93000027951*

1. Corporation Name
SIS STABLES, INC.
3720 INVERRARY DRIVE
LAUDERHILL, FL 33319

Principal Place of Business Mailing Address
SIS STABLES INC
3720 INVERRARY DRIVE APT 3L
LAUDERHILL, FL 33319

REINSTATEMENT *94-90*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

7. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida
APRIL 16, 1993

5. FEI Number
65-0406014

6. CERTIFICATE OF STATUS DESIRED Applied For Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>P/T</i>	<i>SIDNEY TAUBEN FELD</i>	<i>3720 INVERRARY DRIVE APT 3L</i>	<i>LAUDERHILL, FL 33319</i>
<i>V/S</i>	<i>SHIALEY TAUBENFELD</i>	<i>3720 INVERRARY DRIVE APT 3L</i>	<i>LAUDERHILL, FL 33319</i>
		<i>600002018406--1</i>	<i>575.00 Adm</i>
		<i>-11/27/96--01100--004</i>	<i>61.25 AR</i>
		<i>****775.00 ****775.00</i>	<i>138.75 ARSLP</i>
			<i>DB 11-25-96</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<i>SIDNEY TAUBEN FELD</i> <i>3720 INVERRARY DRIVE APT 3L</i> <i>LAUDERHILL, FL 33319</i>		Name Street Address (P.O. Box Number, if Applicable) Suits, Apt. #, Etc. City	
		State FL	
		Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0805, F.S.

Signature of Registered Agent *[Signature]* Date *Oct 1-96*

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute the application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, F.S., and that all fees owed by the corporation have been paid. 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: *SIDNEY TAUBEN FELD* *[Signature]* Date *10/1/96* Daytona Phone # *(904) 733-9168*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR