

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 28 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000031772

1. Corporation Name

Spring Stud Farm, Inc.

000014913070  
03/28/03--01054--017 \*\*458.75

2. Principal Office Address

3191 Coral Way

Suite, Apt. #, etc.

Suite 114

City & State

Miami, FL

Zip

33145

Country

U.S.A.

3. Mailing Office Address

3191 Coral Way

Suite, Apt. #, etc.

Suite 114

City & State

Miami, FL

Zip

33145

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/19/1995

5. FEI Number

650583436

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

Thomas J. Skola, Esq.

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

501 Brickell Key Drive

Suite, Apt. #, Etc.

Suite 602

City

Miami

State

FL

Zip Code

33131

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

*Thomas J. Skola*

Date March 21, 2003

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/D	Waldyr Lima	3191 Coral Way, S. #114	Miami, FL 33145
V/D	Waldyr Lima Filho	3191 Coral Way, S. #114	Miami, FL 33145
V/D	Ricardo Cesar Lima	3191 Coral Way, S. #114	Miami, FL 33145
T/D	Raul Lima Filho	3191 Coral Way, S. #114	Miami, FL 33145
S	Thomas J. Skola, Esq.	501 Brickell Key Dr., S.602	Miami, FL 33131
M	Luiz Henrique Goncalves	3191 Coral Way, S. #114	Miami, FL 33145

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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

3/21/03

Date

(305) 577-3988

Daytime Phone #

**Thomas J. Skola**

**Attorney at Law**

501 Brickell Key Drive

Suite 602

Miami, Florida 33131

*payor*

Telephone: (305) 577-3988

Fax: (305) 372-1089

Email: [tjs@tskola.com](mailto:tjs@tskola.com)

**Via Certified Mail, Return Receipt Requested**

March 21, 2003

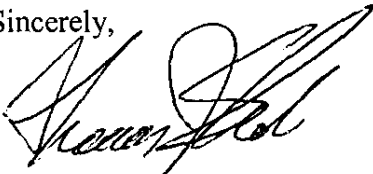
Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

**Re: Spring Stud Farm, Inc.**

Dear Sirs:

Please find enclosed our Corporation Reinstatement Form with respect to the above captioned entity. Please process and file this document at your earliest convenience and send us the requested Certificate of Status. Please find enclosed our check in the principal amount of \$458.75 in payment of all fees related to this matter.

Sincerely,



Thomas J. Skola, Esq.

TJS/am

Enclosure

Cc: Luiz Henrique Goncalves (by regular mail)