PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 JUN 23 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000073245

1. Corporation Name

Palm Beach Equestrian Center, Inc.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
14052 50th St. So.	14052 50th St. So.
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Wellington, Florida	City & State: Wellington, Florida
Zip: 33414 Country: Palm Beach	Zip: 33414 Country: Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: 9/21/95

5. FEI Number: 650614227 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: maisha mana

Street Address (P.O. Box Number is Not Acceptable): 2499 Glades Road,

Suite, Apt. #, Etc.: NO. 203

City: Boca Raton State: FL Zip Code: 33434

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN Date: 6/22/04

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
Pres.	maisha mana	2499 Glades Rd., #203	Boca Raton, Fla. 33434

10. I certify that I am an officer or director of 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 Date: 6/22/04 Daytime Phone #: (561) 499-6460

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

PALM BEACH EQUESTRIAN CENTER, INC.

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