


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # <u>PA5000087747</u> | | | |
| 1. Corporation Name <u>TJB HORSEFARM, Inc.</u> | | | |
| 2. Principal Office Address <u>4958 SW 7th Ave Rd.</u> Suite, Apt. #, etc. | | 3. Mailing Office Address <u>4958 SW 7th Ave Rd.</u> Suite, Apt. #, etc. | |
| City & State <u>Ocala</u> | | City & State <u>Ocala</u> | |
| Zip <u>34474</u> | Country <u>USA</u> | Zip <u>34474</u> | Country <u>USA</u> |
| | | 4. Date Incorporated or Qualified To Do Business in Florida <u>11/15/1995</u> SP | |
| | | 5. FEI Number <u>74-2804717</u> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> | |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | | | |
| 7. Name and Address of Current Registered Agent | | | |
| Name <u>THOMAS BUETTNER</u> | | | |
| Street Address (P.O. Box Number is Not Acceptable) <u>4958 SW 7th Ave Rd.</u> | | | |
| Suite, Apt. #, Etc. | | | |
| City <u>Ocala</u> | | State <u>FL</u> | Zip Code <u>34474</u> |
| 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 <u>Thomas Buettner</u> | | Date <u>11/22 2000</u> | |
| 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 |
| <u>P</u> | <u>THOMAS BUETTNER</u> | <u>4958 SW 7th Ave. Rd.</u> | <u>Ocala FL 34474</u> |
| <u>DUP</u> | <u>DESIREE RICHTER</u> | <u>4958 SW 7th Ave. Rd.</u> | <u>Ocala FL 34474</u> |
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| 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: <u>Thomas P. Buettner</u> | | Date <u>11/22 2000</u> | Daytime Phone # <u>352-291-6957</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |