

2005 FOR PROFIT CORPORATION REINSTATEMENT

04-05 Rei.

FILED

05 AUG -9 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08012005 REIN-P CR2E098 (6/04)

DOCUMENT # P97000024461			
1. Entity Name CHEVAL EQUESTRIAN CENTER, INC.			
Principal Place of Business 4470 LUTZ LAKE FERN DRIVE LUTZ, FL 33549		Mailing Address 4470 LUTZ LAKE FERN DRIVE LUTZ, FL 33549	
2. Principal Place of Business 19130 Gulf Blvd, Unit 401 Suite, Apt. #, etc.		3. Mailing Address 19130 Gulf Blvd., Unit 401 Suite, Apt. #, etc.	
City & State Indian Shores, FL		City & State Indian Shores, FL	
Zip 33785	Country USA	Zip 33785	Country USA
4. FEI Number 54-3439891		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUGLIOLI, LOUIS P 4740 LUTZ LAKE FERN RD LUTZ, FL 33558		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 19130 Gulf Blvd., Unit 401 City Indian Shores FL Zip Code 33785	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE _____	
FILE NOW!!! FEE IS \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BUGLIOLI, GLENDA S 4740 LUTZ LAKE FERN RD LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 19130 Gulf Blvd., Unit 401 Indian Shores, FL 33785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BUGLIOLI, LOUIS P 4740 LUTZ LAKE FERN RD LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 19130 Gulf Blvd., Unit 401 Indian Shores, FL 33785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300058385833 08/09/05--01028--013 ***900.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other, like empowered.			
SIGNATURE:		Date 8-2-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 727-504-9093	