

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000033703**

1. Corporation Name

**SPORT HORSE IMPORT, INC.**

99 NOV 10 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**527 OLD HILLSBOROUGH AVE WEST  
SEFFNER FL 33584**

Mailing Address

**527 OLD HILLSBOROUGH AVE WEST  
SEFFNER FL 33584**



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

2. New Principal Office Address, If Applicable

**12773 W. FOREST HILL**

Suite, Apt. #, etc.

**SUITE 1201**

City & State

**WELLINGTON, FL**

Zip

**33414**

Country

**USA**

3. New Mailing Office Address, If Applicable

**12773 W. FOREST HILL**

Suite, Apt. #, etc.

**SUITE 1201**

City & State

**WELLINGTON, FL**

Zip

**33414**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/14/1997**

5. FEI Number

**59-3444190**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ESTRADA, MARTIN	<del>527 OLD HILLSBOROUGH AVE WEST</del> <b>12773 W. FOREST HILL</b> <b>SUITE 1201</b>	<b>SEFFNER FL 33584</b> <b>WELLINGTON FL 33414</b>

8. Name and Address of Current Registered Agent

**ESTRADA, MARTIN**  
**527 OLD HILLSBOROUGH AVE WEST**  
**SEFFNER FL 33584**

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**12773 W. FOREST HILL SUITE 1201**  
Suite, Apt. #, Etc.  
City  
**WELLINGTON** State  
**FL** Zip Code  
**33414**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Martin Estrada*

REGISTERED AGENT MUST SIGN

Date **10/22/99**

11. 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:

*Martin Estrada* **MARTIN ESTRADA 10/20/99** (561) 790-2092  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (8/99)

SPORT HORSE IMPORT, INC.

12773 West Forest Hill Suite 1201  
Wellington, Florida 33414

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Dear Department of State,

Please accept my check for \$150.00 for filing my annual corporate report. I sincerely apologize for paying this late, but have had many problems this year. I moved and did not receive all my mail, plus I was traveling all year long. Thank you very much for your understanding.

Sincerely,



Martin Estrada  
President

DUE TO THE FACT I MOVED & WAS ON THE ROAD,  
I DID NOT RECEIVE ANY PREVIOUS ANNUAL  
REPORT NOTICES. THANK YOU!

