

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APR -6 PM 12:49

DOCUMENT # **P97000047441**

1. Corporation Name

ROCKY BAYOU STABLES, INC.

REINSTATEMENT 00-01

3/6/01 90307 012-55000

2. Principal Office Address 767 FOREST RD Suite, Apt. #, etc.		3. Mailing Office Address 767 FOREST RD Suite, Apt. #, etc.	
City & State NICEVILLE, FL		City & State NICEVILLE, FL	
Zip 32578	Country USA	Zip 32578	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 05/28/97	
5. FEI Number 59-3450460	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name

GUNTER BOSNER

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

767 FOREST RD

Suite, Apt. #, Etc.

City

NICEVILLE

State

FL

Zip Code

32578

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*****350.00 ***350.00**

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

Date **03/20/00**

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	GUNTER BOSNER	767 FOREST RD	NICEVILLE, FL 32578

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

Date

3-21-01

850-729-8821

Daytime Phone #