

~~DO NOT TYPE OR PRINT~~ PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Matthew J. Harris
Secretary of State
DIVISION OF CORPORATIONS

98-09 AR

DOCUMENT # P970000546145.

1. Corporation Name
A&M Western & Paso Fino Center.

Principal Place of Business

13403 S.W. 56st.
Miami, Florida
33175

Mailing Address

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED
Zip	Country	\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	Mary Horta - owner President	12820 S.W. 25 Terrace	Miami, FL 33175
2	Alberto Galera	12820 S.W. 25 Terrace	Miami, FL 33175

18/09
6/10/99

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Mary Horta - 12820 S.W. 25 Terrace - Miami, FL 33175	Name: Alberto Galera - Street Address (P.O. Box Number is Not Acceptable): 12820 S.W. 25 Terrace Suite, Apt. #, Etc.
	State: FL Zip Code: 33175

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

Mary Horta - President

Date

4/26/99

CR2081 (12/98)

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes No

(See other side for information
on intangible tax.)

12. 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

Mary Horta - Mary Horta - 3/25/99 (305)207-0039

Date

Daytime Phone #