

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jeffrey Harri Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 997000054145		FILED 99 JUL -8 AM 9:24 FLORIDA DEPARTMENT OF STATE 500007002845--8 -06/14/99--01006--009 ***300.00 ***300.00	
1. Corporation Name A&M Western & Paso Fino Center.		Principal Place of Business 13403 S.W. 56 St. 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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 65-0762922	
Applied For		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
	Mary Horta - owner	12820 S.W. 25 Terrace	Miami, FL 33175
	Alberto Galera	12820 S.W. 25 Terrace	Miami, FL 33175
8. Name and Address of Current Registered Agent			
Mary Horta - 12820 S.W. 25 Terrace Miami, FL 33175			
9. Name and Address of New Registered Agent			
Alberto Galera - 12820 S.W. 25 Terrace Miami FL 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	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: Mary Horta - Mary Horta 3/25/99 (305) 207-0039 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			