


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JAN -2 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P97000074829</b>					
1. Entity Name KSG QUARTER HORSES, INC.					
Principal Place of Business 7300 RM ROAD SARASOTA, FL 34240 US			Mailing Address 7304 LINKS CT SARASOTA, FL 34243 US		
2. Principal Place of Business		3. Mailing Address 2810 Sun Golf Club Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		1142006 REIN-P CR2E098 (11/05)	
Zip		Country		4. FEI Number 65-0803471	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOODMAN, KATHY 7304 LINKS CT. SARASOTA, FL 34243			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	600082911286 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODMAN, KATHY		NAME	01/02/07--01052--019 **750.00	
STREET ADDRESS	7304 LINKS CT.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODMAN, SARA		NAME		
STREET ADDRESS	7304 LINKS CT.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	B 1/3/07		NAME		
STREET ADDRESS	STATEMENT OF		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Kathy Goodman</u>			12-20-06 941-359-0462		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		