PAgelot

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT	Secretar	TMENT OF STATE y of State corporations	04 A	FILE PR -9	M 8: 16		
DOCUMENT # P 97000091951						OF STATE E, FLORIDA		
The National HORSe, INC.								
2. Principal	Office Address LITHIA PINEOUS	3. Mailing Office Addre	10/10	1/3	Anne co	(n (n)		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	3. Date Incorporated or Qualified To Do Business in Florida					
City & State LITHIA FU		City & State		-5. FEI Number Applied For Not Applied For Not Applied For				
^{Zip} 335	Country	^{Zip} 33547	Country USA	6. CERTIFICATE		SR 75 Additional	Fee required	
7. Name and Address of Current Registered Agent								
Name Denise L. Holmes Street Address (P.O. Box Number is Not Acceptable) 7818 LITHIA PINECREST Rd 04/16/0401013001 ***460 00 Suite, Apt. #, Etc. City LITHIA State Zip Code FL 335547								
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 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		
PD	Michael T Hames 7818 LITHIA			necest LITHIA, FL 33547				
\mathcal{D}	Clyde John Sullivan JR 413 Natali			AVE	LAK	e City, Fl3	2025 -	
ST	Denise L. Ho	Lmes 781	18 LITHIA PI	ne CREST	<u> </u>	141A, FL 33	1547	
				wrough See Section Con to a	CERA TREE	0304		
				I have been	\$ 5000 A			
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #								

page her

Lee Yarbrough, Internet Access Division of Corporations 4/2/04

RE: Reinstatements for Documents: V04084
P97000091951

Lee,

Thank you for your help in this matter. Per our conversation on 3/24/04, this letter will verify that we did not receive the initial notices in 2003. The forms were done on line for the first time, and inadvertently we applied for a new Corporation under the same names that were then rejected.

Mike Holmes PO Box 710 Lithia, FL 33547 813-967-3046