

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000011956

1. Corporation Name

EQUINE FARMS FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O ROBINSON SILVERMAN PEARCE
1290 AVENUE OF THE AMERICAS
NEW YORK NY 10104

C/O ROBINSON SILVERMAN PEARCE
1290 AVENUE OF THE AMERICAS
NEW YORK NY 10104

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

2. New Principal Office Address, If Applicable

c/o Dream With Me Stable Inc.

Suite, Apt. #, etc.

110 Rang Saint-Andre'

City & State

Saint Bernard de LaColle

Zip

Quebec JOJ 1V0

Country

Canada

3. New Mailing Office Address, If Applicable

c/o Dream With Me Stable Inc.

Suite, Apt. #, etc.

110 Rang Saint-Andre'

City & State

Saint Bernard de LaColle

Zip

Quebec JOJ 1V0

Country

Canada

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/1998

5. FEI Number

65-0830172

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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	City / State / Zip
1	2	3	4
PD	SAUQUE, FREDERIC	100 SPRINGFIELD MTG HOUSE RD	JOBSTOWN NJ 08041
ST	KASTER, LEWIS R	1290 AVENUE OF THE AMERICAS	NEW YORK NY 10104

700003463807--5
-11/15/00--01023--003
****758.75 ****175.75

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Laura R. Dunlap

Laura R. Dunlap
as its agent

Date

11-9-00

REGISTERED AGENT MUST SIGN

11. 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:

Lewis R. Kaster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lewis R. Kaster, Secretary

11/3/00 (212) 541-2161

Date

Daytime Phone #