PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 16 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000011956

1. Corporation Name

EQUINE FARMS FLORIDA, INC.

Principal Place of Business	Mailing Address
% DREAM WITH ME STABLE, INC. 110 RANG ST ANDREL ST BERNARD DE LACOLL QUEBEC CD	% DREAM WITH ME STABLE, INC. 110 RANG ST ANDREL ST BERNARD DE LACOLL QUEBEC CD
PH: 1-450-266-1002 FAX 1-450-266-4609	

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
DREAM WITH ME STABLE, INC	DREAM WITH ME STABLE, INC
Suite, Apt. #, etc.: 68 CHEMIN HAUT EST	Suite, Apt. #, etc.: 618 CHEMIN HAUT EST
City & State: BRIGHAM, QUEBEC	City & State: BRIGHAM, QUEBEC
Zip: J2K-4H1 Country: CANADA	Zip: J2K-4H1 Country: CANADA

02-03

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

200010143962
01/16/03--01016--015 **900.00

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent _____ Date 01/14/2003
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: FREDERIC SAUQUE 01/14/2003 1-352-486-1987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DIRECTOR

0118771 SN