PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 MAR 31 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000015054

1. Corporation Name

Vind Häst Inc.

2. Principal Office Address	3. Mailing Office Address
1200 Lake Breeze Dr.	11924 Forest Hill Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 22-231
City & State Wellington Fla	City & State Wellington
Zip 33414 Country USA	Zip 33414 Country USA

REINSTATEMENT 09-00

4. Date Incorporated or Qualified To Do Business in Florida 12/Feb/'98

5. FEI Number 59-3494416 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: James A Ritter

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****908.75 ****908.75

Street Address (P.O. Box Number is Not Acceptable): 1200 Lake Breeze Dr.

Suite, Apt. #, Etc:

City: Wellington State: FL Zip Code: 33414

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: J A Ritt Date: 3-28-00
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
Pres	Ann Cathrin Bengtson	5 Köpmangatan 72215	Västerås Sweden
Sec.	James Ritter	1200 Lake Breeze Dr	Wellingtn Fla 33414
			LS

10. I certify that I am an officer or director of 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: J A Ritt James A Ritter 3.28.00 561 389 7574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #