

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 98 0000 27931

1. Corporation Name

KARNES Stables, Inc.

W07-45357

2. Principal Office Address - No P.O. Box #

16925 Tobacco Rd.

Suite, Apt. #, etc.

City & State

Lutz, FL

Zip

33538

Country

USA

3. Mailing Office Address

16925 Tobacco Rd.

Suite, Apt. #, etc.

City & State

Lutz, FL

Zip

33538

Country

USA

7. Name and Address of Current Registered Agent

Name

Ellen Karnes

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

16925 Tobacco Rd.

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33538

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

Ellen Karnes

REGISTERED AGENT MUST SIGN

Date 9/11/07

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
<u>Pres</u>	<u>Ellen Karnes</u>	<u>16925 Tobacco Rd.</u>	<u>Lutz, FL, 33538</u>
<u>VP</u>	<u>Gregory Karnes</u>	<u>16925 Tobacco Rd.</u>	<u>Lutz, FL-33538</u>

100109407491
09/13/07-0111-011 **1350.00
VOID
09/14/07 -- 01040 -- 005 * * 1,350.00

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 contained in Chapter 119, 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:

Ellen Karnes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/07

Date

813-969-1799

Daytime Phone #

FILED

07 SEP 21 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99-07

CR2E081 (1/07)