

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 12 PH 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000067041

1. Corporation Name

LA ESTANCIA PASO FINO HORSE FARM INC.

2. Principal Office Address

685 NE ANTHONY RD.

Suite, Apt. #, etc.

City & State

ANTHONY, FL.

Zip

Country

MARION

3. Mailing Office Address

6895 SW 18TH TERR. RD.

Suite, Apt. #, etc.

City & State

OCALA, FL.

Zip

34476

Country

MARION

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida 7/28/1998**

5. FEI Number
59-3601427

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

YVONNE SUAREZ ALVAREZ

Street Address (P.O. Box Number is Not Acceptable)
6895 SW 18TH TERR. RD.

Suite, Apt. #, Etc.

City

OCALA,

State

FL

Zip Code

34476

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date 04/12/2004

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.	YVONNE SUAREZ ALVAREZ	6895 SW 18TH TERR. RD.	OCALA, FL. 34476

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

04/12/2004

Date

Daytime Phone #

CR2E081 (01/04)

APRIL 12, 2004

DIVISION OF CORPORATION
ANNUAL REPORT/REINSTATEMENT SECTION
409 EAST GAINES ST.
TALLAHASSEE, FL. 32399

DEAR MADAAM

I AM WRITTING THIS LETTER TO ASK YOU TO PLEASE WAIVE THE
REINSTATEMENT FEE SINCE THE ABOVE NAMED CORPORATION HAD
NUMEROUS PROBLEMS WITH INCOMING AND OUTGOING MAIL DUE TO
MAILBOX VANDALISM ON THE PREVIOUS ADDRESS.

SINCERELY,

YVONNE SUAREZ ALVAREZ

A handwritten signature in cursive script, appearing to read "Y. Suarez".

P.D. PLEASE NOTE NEW ADDRESS - 1