PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE 02 MAY 28 PM 2: 17 CORPORATION Katherine Harris' REINSTATEMENT Secretary of State SECRETARY OF STATE IALLAHASSEE, FLORIDA DIVISION OF CORPORATIONS DOCUMENT # P 9900000 3827 1. Corporation Name
DRA Hlorse Transport Inc 2. Principal Office Address 3. Mailing Office Address 4. Date incorporated or Qualified To Do Business in Florida City & State DAVIE Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent <u> 600005754036</u>. -06/11/02--01099--**0**02 ****300.00 ****30**0**0.00 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Zip Code State 8. I, being appointed the stered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Date 04 -24-02 Registered Agent 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Titles Officers and/or Directors City / State / Zip Reinsluttle 6351 Simm 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

DRP 2 lorse Transport