

(H03000283647 3)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 24 PM 2:33

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000055488

1. Corporation Name

OCALA THOROUGHBRED FARMS, INC.

REINSTATEMENT 02-03

2. Principal Office Address
1669 N.W. 114th Loop

3. Mailing Office Address
350 5th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3304

City & State

City & State

Ocala, FL

New York, NY

Zip

34475

Country

USA

Zip

10118

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/18/99

5. FEI Number
59-3586992

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

NationsCorp Registered Agents, Inc.

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

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

H. Edmund Bond

President

Date

9/24/03

REGISTERED AGENT MUST SIGN

(JHC:SS)

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/ CEO	Joseph Paradelo	106 Central Park South	New York, NY 10016

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)(b), 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

Joseph Paradelo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/03

Date

212-268-5588

Displaying Phone #

(H03000283647 3)

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000283759 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800) 342-9856
Fax Number : (800) 354-3381

CORPORATION REINSTATEMENT

WESTERN SILVER-LEAD CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$750.00

Electronic Filing Menu

Corporate Filing

Public Access Help

** Please - note - first reinstate
then file merges
Thank-S*