

APPROVED AND

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

06 JUL 10 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000061921**

1. Corporation Name
SAM DAVID RACING STABLE, INC.

2. Principal Office Address 1321 VAN BUREN ST.		3. Mailing Office Address 1321 VAN BUREN ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL	
Zip 33019	Country U.S.A.	Zip 33019	Country U.S.A.

REINSTATEMENT 04-06
CH2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida **07/06/1999**

5. FEI Number **65-0931066**

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

7. Name and Address of Current Registered Agent

Name **R. KEVIN CROSS**

Street Address (P.O. Box Number is Not Acceptable)
801 S. FEDERAL HWY

Suite, Apt. #, Etc.

City **HOLLYWOOD** State **FL** Zip Code **33020**

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  Date **6/26/06**

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
PD	SAMUEL DAVID, JR.	3111 E. TEXAS ST #152	BOSSIER CITY, LA 71111
VD	ELIZABETH DAVID	311 E. TEXAS ST. #152	BOSSIER CITY LA 71111

700077726877
07/18/06--01045--005 **450.00

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:  **SAMUEL DAVID JR.** Date **06/26/06** (318) 347-4390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Sam David Racing Stable, Inc.
c/o Sam David, Jr.
3111 East Texas Street #152
Bossier City, LA 71111

June 26, 2006

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Reinstatement – Ref. Number P99000061921

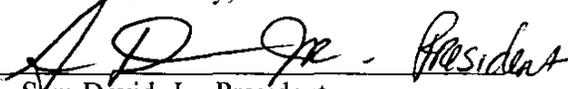
Dear Mr. Toner:

Thank you for your prompt response to my request.

Enclosed you will find the fees for the reinstatement of my corporation as indicated on your letter. I did not in fact receive the 2004 thru 2006 UBR for this corporation due to an address issue we only discovered recently. We assure you that this problem won't happen again. I appreciate you understanding my situation as previously explained and waiving the \$600 penalty to reinstate my corporation. The check attached for \$450 represents the fees for 2004, 2005 and the current year 2006.

I am now in compliance with the State of Florida and look forward on keeping my business prosperous. Should you have any questions or concerns, do not hesitate to contact me.

Sincerely,



Sam David, Jr., President