PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -5 AM 10:36

DOCUMENT # P99000077437

1. Corporation Name
FREE AGENT RACING STABLES, INC.

2. Principal Office Address		**3.** Mailing Office Address	
P.O. Box 656		P.O. Box 656	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Hallandale, Fl		Hallandale, Fl	
Zip	Country	Zip	Country
33008	USA	33008	USA

4. Date Incorporated or Qualified To Do Business in Florida 08/26/99

5. FEI Number — X 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
Glen H. Waldman, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1401 Brickell Avenue

Suite, Apt. #, Etc.
700

City: Miami | State: FL | Zip Code: 33131

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****300.00 ****300.00

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 October 1, 2001

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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	William Cesare	7000 SW 130th Avenue	Ft Lauderdale, Fl 33330
			AD

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: Bill Cesare 10/1/01 (305)474-0070

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