

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 OCT -6 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P 99000101370

1. Corporation Name

GIRALDO NEIRA & GIRASOLES PASO FINO HORSES INC

Handwritten initials

2. Principal Office Address

14631 MUSTANG TR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FLA.

City & State

Zip

33330

Country

USA

Zip

Country

REINSTATEMENT 2000

4. Date Incorporated or Qualified To Do Business in Florida

11/18/1999

5. FEL Number

65-0965771

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

OLGA GIRALDO NEIRA

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

14631 MUSTANG TRAIL

200003456312--0

~~11/07/00-01134-007~~

Suite, Apt. #, Etc.

***750.00 ***750.00

City

Ft. Lauderdale

State

FL

Zip Code

33330

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

Olga Giraldo Neira
REGISTERED AGENT MUST SIGN

Date

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
P/D	OLGA GIRALDO NEIRA	14631 MUSTANG TRAIL	FT. LAUDERDALE

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:

Olga Giraldo Neira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/00
Date

Daytime Phone #