PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPHOVEL AND FILED

00 OCT 18 AM 9:28

SECRETAFIY OF STATE TALLAHASSEE, FLORIDA



SEZ WHO THOROUGHBREDS, INC.

Principal Place of Business

Mailing Address

19707 TURNBERRY WAY.TS #4 AVENTURA FL 33180			19707 TURNBERRY WAY.TS #4 AVENTURA FL 33180						
If above a	ddresses are incorrect in any way, lin								
2. New Pri	ncipal Office Address, If Applicable	3. New Maili	New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 12/27/1999 5. FEI Number Applied Fee			
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.						
City & State		City & State	780		65-0977034 Not Applicable				
Zip	Country	Zip	Count	гу	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additi	onal Fee required ficate of Status	
7. Names	and Street Addresses of Each Officer	and/or Director (Flo	rida nonprofit corpor	ations must list at le	ast 3 directors)			- Control of Charles	
Title(s)	itle(s) Name of Officers and/or Directors 2		Street Address of Eac Officer and/or Director		ch .				
PST	RICHARD ST	mon	19707 T.S.#	TURNBE 4	FRRY WAY	AVENTUR!	9, FL	33/80	
					40	0003447 -11/01/00 ****750.00	구구 01084- ****		
į			R	EINSTA	TEME	760	<u> </u>		
	8. Name and Address of Curre	nt		9. Name and Address of New Registered Agent					
19707 AVENT	I, RICHARD TURNBERRY WAY,TS #4 URA FL 33180		Suite, Apt. #, Etc.	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zo Oods					
10. I, being Signature of Registered A	appointed the registored age to the	above named corpo REGISTERED AGE	REQL	ith and accept the ol	oligations of Section	n 607.0505, F.S. Date	1/00		
11. I certify t	hat I am an officer or director or the re	ceiver or trustee em	powered to execute	this application as n	rovided for in chan	iter 607 or 617. E.S. Lifurth	ner certify the	at when filing	

11. 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:

MANUEL PROPERCUIRED

MONATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALC HARD SUMON

10/17/00 305/932-54/4 Date Daytime Phone #