

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 19 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S 22288**

1. Corporation Name

Pondview Stud South, Inc.

REINSTATEMENT 07

500024850635
11/19/03--01020--010 **758.75

2. Principal Office Address

3 Byrsonima Court South

Suite, Apt. #, etc.

City & State

Homosassa, FL

Zip

34446

Country

USA

3. Mailing Office Address

4900 Woodway

Suite, Apt. #, etc.

#650

City & State--

Houston, TX

Zip

77056

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/1/1991

5. FEI Number

593046505

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

new registered agent

Name

Ann Santopietro

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

3 Byrsonima Court South

Suite, Apt. #, Etc.

City

Homosassa

State

FL

Zip Code

34446

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

Ann Santopietro

REGISTERED AGENT MUST SIGN

Date

11/11/03

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 |
|--------|--------------------------------------|---|---------------------|
| PVST | Ann Santopietro | 5571 Searsville Road | Pine Bush, NY 12566 |
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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:

Ann Santopietro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/03

Date

845-361-3099

Daytime Phone #

CR2E081 (10/02)