ONS_BEFORE COMPLETING THIS FORM. PLEASE READ ALL INSTRA OF STATE FILED OI APR 23 PM 1: 11 SEGRETARY OF STATE DOCUMENT # \ \ TALL'AHASSEE FLORIDA The Stable at Sowgrass, Inc 3. Mailing Office Address 2. Principal Office Address 4. Date incorporated or Qualified To Do Business in Florida City & State City & State 310584 Applied For Not Applicable \$8.75 Additional Fee required 32092 32092 Johons for a Certificate of Status 7. Name and Address of Current Registered Agent 1 Donald M **500004194365** -05/10/01--01121--**0**03 Street Address (P.O. Box Number iş Not Acceptable) ****300.00--****300.00 Suite, Apt. #, Etc. Zip Code State 32092 FL FIA 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 Date 3-21-01 Registered Agent 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Officers and/or Directors City / State / Zip Titles 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. 3-21-01 Date SIGNATURE: NG OFFICER OR DIRECTOR

(90/6)