PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

[redacted]

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

90AR

FILED
97 OCT 31 PM 4:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V55372

1. Corporation Name

SEAHORSE EQUESTRIAN VENTURES, INC.

Principal Place of Business	Mailing Address
505 OLD MIMS ROAD GENEVA FL 32732 US	2208 HILLCREST STREET ORLANDO FL 32803 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/05/1992

5. FEI Number: 59-3145432 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	DEUTSCH, PAUL M	2208 HILLCREST CT	ORLANDO FL

200002387232--7
-11/04/97--01025--013
****165.00 ****165.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DEUTSCH, PAUL M 2208 HILLCREST STREET ORLANDO FL 32803	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/97)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: Paul M. Deutsch 10/29/97 407-898-7710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SEAHORSE EQUESTRIAN VENTURES, INC.

Jim and Wendy Ritter
Trainers

October 29, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Ms. Sandra B. Mortham:

I called your Department's phone number to report that we had never received the Florida Department of State corporation annual report for submission. I was advised to report this to you in writing, and to enclose a check for $165.00 made payable to Florida Department of State and any other fees would be wavered

Enclosed you will find a check for $165.00 and the signed copy of the corporation annual report that we received from your office.

Sincerely,

Lois M. Storc
Bookkeeper
Seahorse Equestrian Ventures, Inc.

505 Old Mims Road Geneva, Florida 32732 (407) 349-9088