

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 14 AM 10:32

DOCUMENT # P94000032322

1. Corporation Name

ADVENT STABLE, INC.

Principal Place of Business

Mailing Address

444 BRICKELL AVENUE
SUITE 218
MIAMI FL 33131
US

C/O VALERIE K. H. BARKER
444 BRICKELL AVENUE, STE 218
MIAMI FL 33131
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

4. Date Incorporated or Qualified To Do Business in Florida

04/28/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3238867

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MURANO, EDWARD C	99 HIGHLAND ST.	CHELSEA MA 02150
			400003488634--7 -12/06/00--01010--025 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARKER, VALERIE K P.A.
444 BRICKELL AVENUE
SUITE 609
MIAMI FL 33131

Name

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

444 BRICKELL AVENUE

Suite, Apt. #, Etc.

SUITE 218

City

Miami

State

FL

Zip Code

33131

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/2/00

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.

AD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-00

Date

617-889-1967

Daytime Phone #

VALERIE K.H. BARKER, P.A.
CERTIFIED PUBLIC ACCOUNTANT

November 2, 2000

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

Re: Uniform Business Report
Advent Stable, Inc.
EIN 59-3238867
Document# P94000032322

Dear Sir or Madam:

Enclosed please find a check for \$150 for the original filing fee to reinstate the named corporation above. Please abate the reinstatement fee of \$600. The original notice to file a Uniform Business Annual Report was never received by us.

Thank you for your consideration of our request.

Very truly yours,



Valerie K.H. Barker
Registered Agent