

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 OCT 18 AM 9:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **706741**

1. Corporation Name

HOMESTEAD RODEO ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1034 NE 8TH STREET
 P.O. BOX 1432
 HOMESTEAD FL 33030

1034 NE 8TH STREET
 P.O. BOX 1432
 HOMESTEAD FL 33030



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/23/1964	
City & State		City & State		5. FEI Number	
Zip		Zip		59-1031008	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
PD	FISCHER, ANDY	346 NW 17 ST	HOMESTEAD FL
SEC.	PIVNIK, SHELDON	8300 SW 105 STREET	HOMESTEAD FL
PD	COFFIN, NICK, JR.	16231 SW 281 STREET 5600 SW 87 AV	HOMESTEAD FL Cooper City, FL 33328
T	BOSTIC, HARRY F	28500 S.W. 212 AVENUE	HOMESTEAD FL 33030 700003447737--5 -11/01/00-0111-015 ****236.25 ****236.25
VPD	Roger Bumgarner	1460 NE 10 ST	HOMESTEAD, FL. 33030

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BOSTIC, HARRY F 28500 S.W. 212 AVENUE HOMESTEAD FL 33030		Name REINSTATEMENT 2000 Street Address (Post Office Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Code FL	

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 *Harry Bostic* **SIGNATURE REQUIRED** Date 10-15-00
 REGISTERED AGENT MUST SIGN

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: *Harry A. Bostic* **SIGNATURE REQUIRED** Date 10-15-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/00)