

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 16 AM 11:35

DOCUMENT # 731550

1. Corporation Name

CENTRAL FLORIDA TRAIL RIDERS, INC.

Principal Place of Business

Mailing Address

~~730 DELANEY PK DR
ORLANDO FL 32806
US~~

~~730 DELANEY PK DR
ORLANDO FL 32806
US~~



REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable
1104 Calla Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
1104 Calla Street
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
01/04/1975

City & State
Altamonte Springs FL
Zip
32714-7210
Country
USA

City & State
Altamonte Springs FL
Zip
32714-7210
Country
USA

5. FEI Number
59-3035122
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED See 7th Edition of Fees 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S	KEAST, SUSAN SEWAR, TWILAH	26041 ST ANNE 2829 Floral Way	MT PLYMOUTH FL Apopka, FL 32703
TD	KIRKLAND, ELESIA HODGES, SUSAN	790 DELANEY PK DR 328 17th AVE	ORLANDO FL 32806 OCOCHEE FL 34761-1730
PD	HILL, STEVE SHEPPARD, LANE	26041 ST ANNE 2129 KIDGE DR	MT PLYMOUTH FL WINTER PARK, FL
D	BERARD, ERIC HODGE, KEVIN	790 DELANEY PK DR 328 17th AVE	ORLANDO FL 32806 OCOCHEE FL 34761-1730
PD	FINNERTY, KEITH	1104 CALLA ST.	ALTAMONTE SPRINGS FL 32714-7210

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STONE, RANDY
672 KEUKA COURT
WINTER SPRINGS FL 32708

Name
Keith Finnerty
Street Address (P.O. Box Number is Not Acceptable)
1104 Calla Street
Suite, Apt. #, Etc.
A
City
Altamonte Springs
State
FL
Zip Code
32714-7210

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]

REGISTERED AGENT MUST SIGN

Date 11/9/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

REQUIRED Finnerty

Date 11/9/99 407-724-7090

AD