

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 OCT 12 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747795

1. Corporation Name

TWIN RIVERS SANDOE CLUB INC.

2. Principal Office Address

9700 SW Kanner Hwy

Suite, Apt. #, etc.

City & State

Indiantown, FL

Zip

34956

Country

USA

3. Mailing Office Address

P.O. Box 206

Suite, Apt. #, etc.

City & State

Palm City

Zip

34991

Country

USA

B10/17/06

CR2E081 (12/05)

02-06

DATE INCORPORATED
To Do Business in Florida

06/25/1979

5. FEI Number

59-3578295

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nichole E. Farley

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

Post Office 206 4236 SE Cove Lake Cir #101

Suite, Apt. #, Etc.

City

Palm City Stuart

State

FL

Zip Code

34991

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
Registered Agent

Nichole E. Farley
REGISTERED AGENT MUST SIGN

Date

8/22/06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Nichole E. Farley	4236 SE COVE LAKE CIR #101 STUART, FL 34997	
VP	Jeannine Cole	P.O. Box 206	Palm City, FL 34991
S	Melissa Grazzo	P.O. Box 206	Palm City, FL 34991
T	Terry Mandochy	P.O. Box 206	Palm City, FL 34991

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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 contained in Chapter 119, 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:

Nichole E. Farley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/06

Date

772-219-6948

Daytime Phone #

2072

September 1, 2006

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

RE: Document # 747795
Twin Rivers Saddle Club Inc.

Dear Sir or Madam:

Enclosed please find our request for a corporation reinstatement and accept this letter as our request to abate the \$481.25 reinstatement fee.

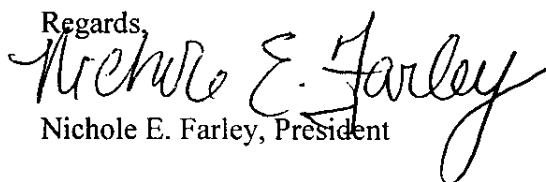
Our non-for profit organization had a change in leadership several years ago. The prior president failed to forward the mail for the organization and we did not receive the notice to file the annual return. The new board members were unaware that the returns had not been filed until a new accounting firm had been hired and the discovery was made.

Immediately upon discovery that the corporation had been administratively dissolved for failure to file an annual return we completed the necessary forms for reinstatement and can assure you that this will never happen again.

The organization is a small one and the reinstatement fee would take away from the scholarship fund that we work so hard to build up during the year.

Thanks you for your consideration.

Regards,


Nichole E. Farley, President