

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

98 DEC 31 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600002730696--2
-01/05/99--01071--009
*****8.75 *****8.75



REINSTATEMENT 98

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # F97000001468

1. Corporation Name
THOROUGHbred RETIREMENT FOUNDATION, INC.

Principal Place of Business 1050 STATE HWY 35 #351 SHREWSBURY NJ 07702	Mailing Address 1050 STATE HWY 35 #351 SHREWSBURY NJ 07702
--	--

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 03/21/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 13-3132741
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP DC	KOEHLER, MONIQUE S	174 DEEPDALE DR	MIDDLETOWN NJ 07748
DV	LANDON, DEBORAH	410 EE 57TH ST	NY NY 10022
DV	HODES, CAROL	66 STAGHORN DR	MATAWAN NJ 07747
D	BELDEN, JAMES	520 SWEET WOOD WAY	WELLINGTON FL 33414
D	CHENERY, PENNY	825 WALNUT HILL RD	LEXINGTON KY 40515
D/P	FURST, ALAN	MILLBROOK RD	NEW VERNON NJ 08816

8. Name and Address of Current Registered Agent JONES, ELLIE 3863 WOODS WALK BLVD LAKE WORTH FL 33467	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600002730696--2 Suite, Apt. #, Etc. -01/05/99--01071--010 ****296.25 ****296.25 City State FL Zip Code
--	--

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: 12/28/98

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)(f), 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] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 12/28/98 Daytime Phone #: 802767-4913

CR2E94 (9/98)