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

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N38461 DOCUMENT #

1. Corporation Name

GRAND PRIX VILLAGE EQUESTRIAN CLUB OWNERS' ASSO CIATION, INC.

Principal Place of Business

Mailing Address

3104 CHERRY PALM DRIVE

SUITE 220 **TAMPA FL 33619**  3104 CHERRY PALM DRIVE

SUITE 220 **TAMPA FL 33619** 

If above ac	ddresses are	incorrect in any way, line thro	ough incorrect info	ormation and enter correction	below.	BEIND IN FIAM			
2. New Principal Office Address, If Applicable 1301 SINTH AUE WEST Suite, Apt. #, etc.			3. New Mailing Office Address, If Applicable 1301 SIXTH AUE WEST Suite, Apt. #, etc.			Date Incorporated or Qualified     To Do Business in Florida     06/04/1990			
SUITE 406			Some 406			5. FEI Number	Applied For		
City & State	)		City & State	Y 7		65-0256392	Not Applicable		
BRADENTON, FL Zip Country 34205 HA US			BRADENTON FL S4205 US			6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status		
7. Names a	and Street Ad	dresses of Each Officer and/	or Director (Florid	da nonprofit corporations mus	t list at least	3 directors)			
Title(s)	Name of Officers and/or Directors			Street Addres Officer and/o		<b>5000034</b> €			
						*****245。	00 ************************************		

MISCHE, EUGENE R 3104-CHERRY PALM DRIVE SUITE-220 **TAMPA-FL-33619** 1301 SMITH AND WEST STE 404 BRADEMON 30x 79 RDI FOSTER Rd **TAMPA-FL-33619 VPD** GILL, HARRY R MALVERN, PA 9104 CHERRY PALM DRIVE SUITE 220 TAMPA FL-93619-SHO MORRISSEY, PATRICK W 130) SIXTH AVE LOGET STEADL BRADEMION FL3420S SOUTH SALEM NY 10590 77 ELMWOOD RD D **CUNNIFFE, FRANKLYN** 

PD	BERKLEY KENNETH	1301 SIXTH	Ave West	STEYOU	BRADENTON	, PC 54205	
	8. Name and Address of Current Registered Ag HE, EUGENE R CHERRY PALM DRIVE		9. Name and Address of New Registered Agent Name HISCHE EVERSER. Street Address (P.O. Box Number is Not Acceptable) 1301 S1XTH AUE USST Suite. Apt. #, Etc.				
i,	A FL 33619	7	SUITE BRADEN	1704	State FL	Zip Code 34205	

Signature of Registered Agent

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 filling 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

15/2000