

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : A1A REGISTERED AGENT INC.
Account Number : I20090000032
Phone : (866) 703-8828
Fax Number : (561) 202-8082

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**CORPORATION REINSTATEMENT
DOUBLE J EQUESTRIAN, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$670.00

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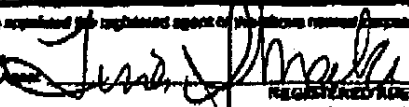
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TALLAHASSEE, FLORIDA

CORP-11/1/05

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P05000150609 1. Corporation Name DOUBLE J EQUESTRIAN, INC.			
2. Principal Office Address - Inc P.O. Box 6943 PARK LANE RD. Suite, Apt. 8, etc.		3. Mailing Office Address 6943 PARK LANE RD. Suite, Apt. 8, etc.	
City & State LAKE WORTH FL		City & State LAKE WORTH FL	
Zip 33449		Zip 33449	
Country US		Country US	
4. Date Incorporated or Qualified To Do Business in Florida 11/14/2005			
5. FEI Number 651279136			
6. CERTIFICATE OF STATUS DESIRED ☐			
7. Name and Address of Current Registered Agent Name A1A REGISTERED AGENT INC. Street Address (P.O. Box Number is Also Acceptable) 6847 110TH AVENUE NORTH Suite, Apt. 8, Etc. City ROYAL PALM BEACH			
State FL			
Zip Code 33411			
8. I, being appointed as registered agent of the above named corporation, are familiar with and accept the obligations of section 607.0505 or 617.0005, F.S. Signature of Registered Agent  Date 9/9/11 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida requires corporations must list at least 3 directors)			
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
D,P	JACKIE JOHNSON	6943 PARK LANE RD.	LAKE WORTH FL 33449
OVPT	RAE WILSON	298 HILL TOP RD.	COOPERSBURG PA 18036
10. E-mail Address: dhjquestrian@aol.com			
11. I certify that I am an officer or director of this corporation or have been designated by the corporation as provided for in chapter 607, F.S. I have personally reviewed this reinstatement application, the return for distribution has been forwarded, the corporate name satisfies the requirements of section 607.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I agree that the information provided in a document to the Department of State constitutes a true and accurate statement as provided for in s.607.0505, F.S. SIGNATURE:  JACKIE JOHNSON CP 5851 581-758-4122 PRINT NAME AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone			

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