

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 19 AM 9:04

DOCUMENT # P96000033815

1. Corporation Name

FINE EQUINES, INC.

Principal Place of Business

4400 WEST SAMPLE ROAD #124
COCONUT CREEK FL

Mailing Address

4400 WEST SAMPLE ROAD #124
COCONUT CREEK FL



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

2. New Principal Office Address, If Applicable

105 S. Laurel Drive

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

105 S. Laurel Drive

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/1996

5. FEI Number

65-069133

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	COHEN, ELIZABETH E	4400 WEST SAMPLE ROAD #124 105 S. Laurel Drive	COCONUT CREEK FL Margate FL 33063

600002353086--2
-11/20/97--01076--028
****175.00 ****175.00

8. Name and Address of Current Registered Agent

LIEBERMAN, KENNETH CPA
4400 WEST SAMPLE ROAD #124
COCONUT CREEK FL

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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

Elizabeth Cohen

Date

11/05/97

REGISTERED AGENT MUST SIGN

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)(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:

Elizabeth Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/97
Date

954-972-1200
Daytime Phone #

CR2040 (8/97)

Fine Equines, Inc.

November 4, 1997

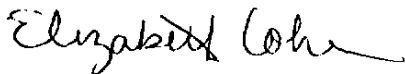
Division of Corporations
Annual Report/reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To whom it may concern:

Enclosed please find our application for our Division of Corporations renewal. The original application as you can see by the address on the envelope was sent to the wrong location and unfortunately was not forwarded in a timely manner.

Please accept our application for Fine Equines as current and find our check for what we believe to be the correct amount.

Sincerely,



Elizabeth Cohen