

**2020 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N11000003398

**Entity Name:** GULFSTREAM PARK THOROUGHBRED AFTER RACING PROGRAM, INC.

**FILED**  
**Oct 27, 2020**  
**Secretary of State**  
**7027718425CR**

**Current Principal Place of Business:**

3051 NE 213TH STREET  
AVENTURA, FL 33180

**Current Mailing Address:**

3051 NE 213TH STREET  
AVENTURA, FL 33180 US

**FEI Number: 45-2466591**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: DONNA MOCH

10/27/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name CLARK, STACIE  
Address 901 S FEDERAL HWY  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name ROGERS, MICHAEL  
Address 901 S FEDERAL HWY  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR. PRESIDENT  
Name BADGETT, WILLIAM  
Address 901 S FEDERAL HWY  
City-State-Zip: HALLANDALE BEACH FL 33009

Title D  
Name MATTHEWS, PHILIP  
Address 9430 S. MAGNOLIA AVE  
City-State-Zip: OCALA FL 34476

Title D  
Name BREI, FRED  
Address 7600 NW 120TH ST  
City-State-Zip: REDDICK FL 32686

Title DIRECTOR  
Name FERNUNG, BRENT  
Address 901 S. FEDERAL HWY  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name O'FARRELL, MICHAEL  
Address 901 S. FEDERAL HWY  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name POWELL, LONNY  
Address 901 S FEDERAL HWY  
City-State-Zip: HALLANDALE BEACH FL 33009

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: SHERI HOLMES

SECRETARY

10/27/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR, SECRETARY  
Name HOLMES, SHERI  
Address 901 N. FEDERAL HIGHWAY  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name O'FARRELL, MIKE  
Address 901 S FEDERAL HWY  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR, TREASURER  
Name ROMANO, MICHAEL  
Address 901 S FEDERAL HWY  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name WALKER, NICOLE  
Address 455 MAGNA DRIVE  
City-State-Zip: AURORA ON L4G 7A9