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
96 DEC 24 AM 9:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 96a

DOCUMENT # **502205**

1 Corporation Name
T. L. HAUGHTON TRAINING STABLE, INC.

Principal Place of Business	Mailing Address
~~1624 E ATLANTIC BLVD.~~	~~1024 E ATLANTIC BLVD.~~
~~POMPANO BEACH FL 33060~~	~~POMPANO BEACH FL 33060~~
7563 S. st. Rd 7	2311 Las Casitas Dr
Lake Worth Fl 33467	Wellington Fl 33414

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
7563 S st. Rd 7	2311 Las Casitas Dr
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Lake Worth Fl	City & State: Wellington Fl
Zip: 33467 Country: Palm Beach	Zip: 33414 Country: Palm Beach

4. Date Incorporated or Qualified To Do Business In Florida **04/27/1976**

5. FEI Number **11-2121050** ☐ 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
~~S~~	~~HAUGHTON, DOROTHY B.~~	990 NE 27TH AVE.	POMPANO BEACH FL
~~P~~	~~HAUGHTON, THOMAS L~~	990 NE 27TH AVE.	POMPANO BEACH FL
P	Thomas Haughton	2311 Las Casitas Dr	Wellington Fl 33414
			500002038975--0 -12/27/96--01036--022 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

HAUGHTON, T L
2311 LOS CASITAS DR
WEST PALM BEACH FL 33414

9. Name and Address of New Registered Agent

Name: Thomas Haughton
Street Address (P.O. Box Number is Not Acceptable): 2311 Las Casitas Dr
Suite, Apt. #, Etc.
City: Wellington State: FL Zip Code: 33414

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 ______ REGISTERED AGENT MUST SIGN Date 10/15/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: ______ 10/15/96 561-"

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Thomas Haughton

CR2E040 (7/96) 0023707 AF