


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 AUG 25 AM 8:00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 701692

1. Corporation Name
 The Florida Horsemen's Association, Inc.

000022635800
 03/28/03--01032--016 **428.75

REINSTATEMENT 97-03

2. Principal Office Address 4816 Pine Needle Dr.		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State	
Zip 32808	Country Orange	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-8164808

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Becky Siler

Street Address (P.O. Box Number is Not Acceptable)
7241 County Road 561 S

Suite, Apt. #, Etc.

City
Clermont

State
FL

Zip Code
34711

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent x *Becky Siler* Date 8/17/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Becky Siler	7241 CR 561 South	Clermont, FL 34711
VP	Ken Anderson	P.O. Box 828	Altamona, FL 32702
T	Cindy Engelhardt	4816 Pine Needle Drive	Orlando, FL 32808
S	Kathy Weaver	1503 Winter Green Blvd.	Winter Park, FL 32792
S	Shelley Scott-Jones	15055 SW 16 th Ave	Ocala, FL 34473
D	Stephanie Bishop	38253 CR 439	Eustis, FL 32736

10. 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: x *Becky Siler* Date 8/17/03 (407) 824-2759

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

CR2E081 (10/02)