PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 22 PM 12:17
TALLAHASSEE, FLORIDA

DOCUMENT # 703225

1. Corporation Name

Marion Saddle Club, Inc.
in S0000116921

2. Principal Office Address	3. Mailing Office Address
P.O. Box 2133	P.O. Box 2133
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, FL.	City & State: Ocala, FL.
Zip: 34478-2133 Country: US	Zip: 34478-2133 Country: US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-1767581 ☐ 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: Martha DeLand

700055723947
06/06/05--01008--004 **420.00

Street Address (P.O. Box Number is Not Acceptable): ~~PO Box 2133~~ 12240 NE 14th Ave

Suite, Apt. #, Etc.:

City: ~~Ocala, FL.~~ Anthony State: FL Zip Code: 32617

02-05

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: _____ Date: 3/24/05

REGISTERED AGENT MUST SIGN

CR2E061 (01/05)

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/D	Martha DeLand	~~360 NE 54th St~~ 12240 NE 14th Ave	~~Ocala~~ Anthony FL ~~34479~~ 32617
VP/D	JoAnn Fink	5121 SE 38th St	Ocala FL 34480
Sec/D	Christine Govier	255 SE 69th Pl	Ocala FL 34480
Treas/D	Sammye Slaven	2060 NW 114th Loop	Ocala FL, 34475
D	Mary Anthony	3451 NE 86th Lane	Anthony FL. 32617
~~D~~	~~Laurie Moore~~	~~817 SE 15th Ave~~	~~Ocala FL 34471~~
D	Debby Gibson	5542 NW 62 Ave	Ocala FL 34482

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: _____ 3/24/05 (352) 362-1145

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