

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -5 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704753

1. Corporation Name

Palm Beach Track and Trail Riders
Inc.

~~704753~~

300166204469

01/14/10--01044--007 **665.00

REINSTATEMENT 02-10

2. Principal Office Address - No P.O. Box #

2651 S.W. 20th Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL 33312

Zip

33312

Country

Broward

3. Mailing Office Address

2651 S.W. 20th Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

Zip

33312

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

11-8-1962

5. FEI Number

237377359

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 Richard Giuffreda Esq

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

2455 E. Sunrise Blvd

Suite, Apt. #, Etc.

Suite 1216

City

Ft. Lauderdale

State

FL

Zip Code

33304

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

300166204469

02/05/10--01002--022 **70.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12-9-2009

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
PD	Randy Rush	2651 S.W. 20th Street	Ft. Lauderdale FL 33312
VD	Allen Scott	642 S.W. Keats Ave	Palm City FL 34990
STD	Joe Vandervoort	5711 N.W. 40th Terrace	Coconut Creek FL 33073
D	Richard A. Giuffreda	6030 N.W. Swans way	Coconut Creek FL 33073
b7 2/5 REINSTATEMENT 02-10			

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Giuffreda

Date

12-9-09

Daytime Phone #

(954) 224-9210