


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 AUG 16 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 709214			
1. Corporation Name Western Horseshow Association of Florida			
2. Principal Office Address Tropical Park 5400 S.W. 137 Ave. MIA, FL 7900-SW 40 ST		3. Mailing Office Address 19253 S.W. 137 Ave. Miami	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33177	Country U.S.	Zip 33177	Country U.S.

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida	6/28/05
5. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Sharon Norris
Street Address (P.O. Box Number is Not Acceptable)
19253 S.W. 137 Ave.
Suite, Apt. #, Etc.
City
Miami

State
FL
Zip Code
33177

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 Sharon Norris Date 7/26/02
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/O	Patty Valdes	18620 S.W. 134 Ave.	Miami, FL 33177
V/P	Pat Kuehl	219 King Ave, Key Largo	Key Largo, FL 33034
Treas	Helene Canals-Garcia	19365 SW 128 CT.	Miami, FL 33177
Secy	Sharon Norris	19253 S.W. 137 Ave.	Miami, FL 33177
Corres. Secy	Debbie Placey	10262 SW 127 Place	Miami, FL 33186
Dir.	Rick Branam	11708 SW 125 CT.	Miami, FL 33186

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: Sharon Norris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/02 305-238-8138
Date Daytime Phone #

CR2081 (9/01)