1 1 of 2

5/13/04 -01052-006 *857.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN -8 AM 8:00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713386

1. Corporation Name
The Bradford Riding Club, Inc.

REINSTATEMENT 93-04

400036228304
06/08/04--01011--008 **61.25

2. Principal Office Address	**3.** Mailing Office Address
301 North	PO Box 1053
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Starke, FL	City & State: Starke, FL
Zip: 32091 Country: U.S.	Zip: 32091 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 9/27/67

5. FEI Number: 59-2961461 ☐ Applied For ☐ Not Applicable

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

MRD

7. Name and Address of Current Registered Agent

Name: Melinda Carter

Street Address (P.O. Box Number is Not Acceptable): 4031 Hidden Acre Rd

Suite, Apt. #, Etc.:

City: Middleburg State: FL Zip Code: 32068

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: Melinda Carter Date: 5-24-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	Melinda Carter	4031 Hidden Acre Rd	Middleburg, FL 32068
V/P/D	Oscar Hoilman	7208 NW 180th St	Starke, FL 32091
S/D	Margaret Caldwell	2524 SE SR 100	Starke, FL 32091
T/D	Debra Norman	21590 US 301 N	Lawtey, FL 32058
D	Robert Norman	21590 US 301 N	Lawtey, FL 32058
D	Bessie Hoilman	7208 NW 180th St.	Starke, FL 32091

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: Melinda Carter Melinda Carter 5-24-04 (904) 276-6709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

#9 Continued

D	Susan Thoma	23619 NW 38th Ave	Lawtey, FL	32058
D	Lisa Fraser	6182 Pattis Path	Bryceville, FL	32009
D	Lea Hartley	10536 Ithaca Dr	Jacksonville, FL	32218