122.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 21 AM 8:00

DOCUMENT # 713481

1. Corporation Name: CENTRAL FLORIDA HUNTER AND JUMPER ASSOCIATION, INC.

REINSTATEMENT 03-04 MRD

2. Principal Office Address	**3.** Mailing Office Address
9595 - 66th Street N.	9595 - 66th Street N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pinellas Park, FL	City & State: Pinellas Park, FL
Zip: 33782 Country: Pinellas	Zip: 33782 Country: Pinellas

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-2889667 ☐ 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: Georgann Powers

Street Address (P.O. Box Number is Not Acceptable): 9595 - 66th Street North

Suite, Apt. #, Etc.:

500037524385
06/01/04--01073--013 **900.00

City: Pinellas Park | State: FL | Zip Code: 33782

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: Georgann Powers — REGISTERED AGENT MUST SIGN — Date: May 13-04

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
PD	Georgann Powers	9595 - 66th Street N.	Pinellas Park, FL. 33782
D	Don Stewart	949 S.E. 12th Place	Ocala, FL. 34471
D	Egerton Vandenberg	1245 Howell Point	Winter Park, FL. 32792
D	Keith Powell	18415 Citation Street	Lutz, FL. 33549
D	Philip A. DeVita	1340 Gold Point Loop	Apopka, FL. 32712

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: Georgann Powers — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: May 13-04 — Daytime Phone #