

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 14 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715114

1. Corporation Name

PALM BEACH COUNTY HORSEMAN'S ASSOCIATION, INC.

REINSTATEMENT 05-06

CR2E081 (12/05)

2. Principal Office Address

410 N.W. 11th Ave

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33486

Country

USA

3. Mailing Office Address

410 N.W. 11th Ave

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33486

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-15-1968

5. FEI Number

510188530

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

Ann Root

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

410 N.W. 11th Ave

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33486

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

Ann R. Root

Date 11-1-06

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
President	Ann Root	410 N.W. 11 th Ave	Boca Raton, FL 33486
Vice Pres	Victor Connor	5928 Homeland Rd	Wellington FL 33467
Treasurer	Betsy MacKenzie	1960 Derby Trail	Wellington, FL 33414
Asst Treas	Peggy Thorndyke	1294 N.W. 5th St.	Boca Raton, FL 33486
Secretary	Andy Silverthorne	18392-50 St. No.	Loxahatchee, FL 33470
Asst Secretary	Megan O'Dwyer	5751 NW 48 th dr	Coral Springs, FL 33067

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:

Ann R. Root / Ann R. Root

11-1-06

561-866-9899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

jc 11/14