

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 736967

1. Corporation Name

Horseshoe Acres Association, Inc.

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

40060 Horseshoe Road

3. Mailing Office Address

PO Box 3059

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Punta Gorda, Florida

City & State

North Fort Myers, Florida

Zip

33982

Country

USA

Zip

33918-3059

Country

USA

7. Name and Address of Current Registered Agent

Name

Barrie Nathanson

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

40060 Horseshoe Road

Suite, Apt. #, Etc.

City

Punta Gorda

State

FL

Zip Code

33982

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

*Barrie Nathanson*  
REGISTERED AGENT MUST SIGN

Date 10-1-07

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	Rowena Gallaher	2140 Waylife Court	Alva, Florida 33920
VP	Art Usher	41661 Horseshoe Road	Punta Gorda, Florida 33982
T	Troy McDonald	40390 Horseshoe Road	Punta Gorda, Florida 33982
S	Barrie Nathanson	40060 Horseshoe Road	Punta Gorda, Florida 33982
			200110742439 10/13/07--01061--025 **297.50

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:

*Rowena Gallaher* Rowena Gallaher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-1-07

FILED

2007 OCT 12 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (1/07)

06-07

4. Date Incorporated or Qualified  
To Do Business in Florida

10/05/1976

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.