

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738181

1. Corporation Name

FLORIDA QUARTER HORSE BREEDERS AND OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1877 EDMONDSON RD.
PO BOX 1400 939
NOKOMIS FL 34274-1400 0939
US

1877 EDMONDSON ROAD
PO BOX 1400 939
NOKOMIS FL 34274-1400 0939

If above addresses are incorrect in any way, list through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/22/1977

5. F.I.I. Number

59-2442800

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	ENNIS, DARRELL	1372 HWY 655	AUBURNDALE FL
D	BOOREAM, JOHN R.	777 ALTURAS RD	BARTOW FL
PD	NEWSOME, BARNEY	401 N. 7TH ST.	DADE CITY FL
D	CROSSMAN, EARL	201 E. TROPICAL WAY	PLANTATION FL
S	EDMONDSON, MEREDITH	1877 EDMONDSON RD.	NOKOMIS FL
D	SHAW, JOHN R., JR.	821 VIRGINIA ST.	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EDMONDSON, MEREDITH S.
1877 EDMONDSON RD
NOKOMIS FL 34275

Name

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

Suite, Apt. #, Etc.

City

600002375916-4

-12/17/97-01116-011

****236.25 State ****236.25 Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Meredith S. Edmondson

THE REGISTERED AGENT MUST SIGN

Date 11/4/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barney L. Newsome

12-8-97 (352) 567-5111

Date

Daytime Phone: #

CS25040 (9/97)