PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 25 AM 11:24
SECRETARY OF STATE
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117065/02--01018--003 **236.25

DOCUMENT # 752495

1. Corporation Name

FLORIDA STATE FARRIERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
45 FLORIDA AVE ROAD DEBARY FL 32713 US	45 FLORIDA AVE ROAD DEBARY FL 32713 US

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 39905 Richland Rd.	Suite, Apt. #, etc.: 39905 Richland Rd
City & State: Zephyrhills FL	City & State: Zephyrhills, FL
Zip: 33540 Country: USA	Zip: 33540 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/15/1980

5. FEI Number: NOT APPLICABLE ☐ 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 3	City / State / Zip 4
~~VPD~~ P(D)	~~BEAN, DARYL~~ Stimpson, Kirk W.	~~1800 MARSH RD~~ 39905 Richland Rd	~~OVIEDO FL 32765~~ Zephyrhills FL 33540
~~PTD~~ V(D)	~~CLELAND, RICH~~ ~~Bryce~~ Burnett Bryce	~~45 FLORIDDANA RD~~ 9406 N Hammock Rd	~~DEBARY FL 32713~~ Zolfo Springs FL 33890
T (D)	QUAM, CLINT	2525 GRANADA AVE	VERO BEACH FL 32960
S (D)	~~BOUER, MORRISS~~ Phillips III, Lloyd C.	~~5545 S KENNER HWY 7737~~ 15860 96th St N.	~~STUART FL 34997~~ Jupiter FL 33478

8. Name and Address of Current Registered Agent

CLELAND, RICH
45 FLORIDANA RD
DEBARY FL 32713

9. Name and Address of New Registered Agent

Name: KIRK W. Stimpson
Street Address (P.O. Box Number is Not Acceptable): 39905 Richland Rd
Suite, Apt. #, Etc.:
City: Zephyrhills State: FL Zip Code: 33540

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Kirk W. Stimpson
REGISTERED AGENT MUST SIGN
Date: 1 Nov 02

11. 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 REQUIRED Kirk W. Stimpson — 1 Nov 02 — 813-783-6076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/02)