

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 15 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003989

1. Corporation Name

Horsemen's Benevolent & Protective
Association Foundation, Inc.

2. Principal Office Address

4063 Iron Works Pkwy

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

B-2

Suite, Apt. #, etc.

City & State

Lexington, KY

City & State

Zip

40511

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/95

5. FEI Number

526063271

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-05

7. Name and Address of Current Registered Agent

Name

Business Filings Incorporated

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

1203 Governors Square Blvd. Ste. 101

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301-2960

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 AgentBusiness Filings Incorporated
Mark Schiff, AVP

Date 7/29/05

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
P/D	John Roark	4063 Iron Works Pkwy. B-2	Lexington, KY 40511
V7/D	Larry Riviello	4063 Iron Works Pkwy. B-2	Lexington, KY 40511
S/T/D	Joseph Santanna	4063 Iron Works Pkwy. B-2	Lexington, KY 40511
			900058696819 08/17/05--01043--019 **420.00

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:

J. SANTANNA - 7/24/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #