

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000005032**

1. Corporation Name

DOUBLE S STABLE INC.

Principal Place of Business

Mailing Address

1599 POST ROAD EAST
WESTPORT CT 06880

1599 POST ROAD EAST
WESTPORT CT 06880

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1996

5. FEI Number

13-3567611

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
CP	SWEEDLER, JOSEPH	1599 POST RD EAST	WESTPORT CT 06880

300023706483
10/10/03--01043--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BENSON, HARRY
916 NE 27TH AVE
HALLANDALE FL 33009

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Harry Benson
REGISTERED AGENT MUST SIGN

Date

10/9/03

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:

Glenda E. Hood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

(203-319-3600)

CR2E040 (7/03)

Double S Stable Inc.

1599 Post Road East
Westport, CT 06880

October 9, 2003

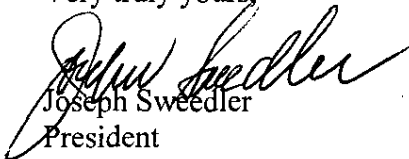
Florida Department of State
Secretary of State
Division of Corporations

**Re: Application for Reinstatement
Document No.: F96000005032**

Dear Sir/Madam:

This letter will certify that our company did not receive the prior UBR notices referenced in the Notice of Administration Dissolution that we recently received from your office. Accordingly, the reinstatement fee with respect to the above-referenced application should be properly waived.

Very truly yours,


Joseph Sweedler
President