PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 29 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F41357

1. Corporation Name

SKIFFINGTON RACING STABLES, INC.

Principal Place of Business / Mailing Address

14402 Laurel Trail
Wellington, FL 33414

800002385408--8
-12/30/97--01030--001
******8.75 ******8.75

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

2. New Principal Office Address, If Applicable
14402 Laurel Trail
Suite, Apt. #, etc.
City & State
Wellington, FL 33414
Zip 33414 Country USA

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
11/6/86

5. FEI Number
66-1185817
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 |
|---|---|---|---|
| P D | Thomas J. Skiffington | 14402 Laurel Trail | Wellington, FL 33414 |
| S T | Lisa Skiffington | 14402 Laurel Trail | Wellington, FL 33414 |
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800002385408--8
-12/30/97--01030--002
****245.00 ****245.00

**REINSTATEMENT** 94-97

SL 12-29-97

8. Name and Address of Current Registered Agent
Field Granger Santry and Mitchell PA
2833 Remington Green Circle
Tallahassee, FL 32308
Simpson, Larry D.
1102 North Gadsden Street
Tallahassee, FL 32303 US

9. Name and Address of New Registered Agent
Name
W. Bradley Munroe, Esquire
Street Address (P.O. Box Number is Not Acceptable)
239 East Virginia Street
Suite, Apt. #, Etc.
Tallahassee, FL 32301
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.

Signature of Registered Agent W Bradley Munroe
REGISTERED AGENT MUST SIGN
Date 12/29/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:** Thomas J Skiffington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas J. Skiffington, President

Date 954.456.7671
Daytime Phone #

CR2E040 (12/95)