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 # J41357

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	3. New Mailing Office Address, If Applicable
14402 Laurel Trail	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington, FL 33414	City & State
Zip: 33414 Country: USA	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 S T	Thomas J. Skiffington	14402 Laurel Trail	Wellington, FL 33414
	Lisa Skiffington	14402 Laurel Trail	Wellington, FL 33414

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

CR2E040 (12/96)

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 #