2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 OCT 21 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J41377

1. Entity Name
GEORGE F. SHOLTY STABLES, INC.

Principal Place of Business	Mailing Address
1457 NE 53 STREET FORT LAUDERDALE, FL	1457 NE 53 STREET FORT LAUDERDALE, FL 33060

10172005 FEIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2735087 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KORTHALS, JOHN L. 1401 E. ATLANTIC BLVD POMPANO BEACH, FL 33060	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. CURRENT OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE PSTD NAME SHOLTY MYRNA STREET ADDRESS 1515 REED ROAD CITY-ST-ZIP LEXINGTON, KY 40510	☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition

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10/21/05--01053--011 **150.00

REINSTATEMENT

T. Roberts OCT 21 2005

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Myrna J. Sholty Myrna J. Sholty OCT 18, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNATED OFFICER OR DIRECTOR DATE