

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 31 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000006560

1. Corporation Name

PALM BEACH ARROWHEAD APPALOOSA HORSE CLUB
Inc.

2. Principal Office Address

16318 E. Glasgow Dr

Suite, Apt. #, etc.

3. Mailing Office Address

16318 E. Glasgow Dr

Suite, Apt. #, etc.

City & State

Loxahatchee, FL

City & State

Loxahatchee, FL

Zip

33470

Country

U S A

Zip

33470

Country

U S A

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 12, 2001

5. FEI Number

11-3678822

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

700014241377
03/17/03--01062--001 **296.25

7. Name and Address of Current Registered Agent

Name

Walter C. MILDENBERG

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

16318 E. Glasgow Dr

Suite, Apt. #, Etc.

City

Loxahatchee

State
FL

Zip Code
33470

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 Agent

Walter C. Mildenberg

REGISTERED AGENT MUST SIGN

Date 3-14-2003

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
D Pres	Walter C Mildenberg	16318 E Glasgow Dr	Loxahatchee, FL 33470
D V.P.	Sharon Felt	13087 43rd Road N	Royal Palm Bch FL 33411
D Sec	Peggy Brandt	6657 Avacado Blvd	Royal Palm Beach FL 33412
D Trés	Lyn Holloway	4780 122nd Drive N	Royal Palm Beach, FL 33411
D Sgt Arms	Malcom Keen	4614 Haverhill Road	Lake Worth, FL 33463

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:

Walter C. Mildenberg
Walter C. Mildenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-2003

Date

(561)
845-2900
EXT 242

Daytime Phone #

CR2E081 (10/02)

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