

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1702551

1. Corporation Name

NORTH FLORIDA ARABIAN HORSE CLUB, INC

2. Principal Office Address

2451 QUARTER HORSE TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Middleburg, FL

City & State

SAME

Zip

32068

Country

USA

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

592519397

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

NANCY POOLEY, PRESIDENT

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

2451 QUARTER HORSE TRAIL

Suite, Apt. #, Etc.

~~BA~~

City

Middleburg

State

FL

Zip Code

32068

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

Nancy Pooley, President

REGISTERED AGENT MUST SIGN

Date Oct. 6, 2006

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
VP	DEBBIE DUNCAN	108 TILLET'S LANE	PALATKA, FL 32177
S	DEBORAH COLE	8342 BEN ROWE CIR	MACCLenny FL 32063
T	CAROL WELLS	2439 QUARTER HORSE TRAIL	Middleburg, FL 32068
P	NANCY POOLEY	2451 QUARTER HORSE TRAIL	Middleburg, FL 32068
DP	LINDA JOHNSON	8422 Herlong Rd.	Jacksonville, FL 32210
DP	JOSEPH POOLEY	2451 QUARTER HORSE TRAIL	Middleburg, FL 32068

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 contained in Chapter 119, 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:

Nancy Pooley, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 6, 2006

Date

Daytime Phone #

(904) 291-6804

JK 10/18

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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I called and talked to a person in your office explaining we had never received the annual report notice in the year of dissolution/revocation. The person gave me amount to pay on the enclosed check in order for our reinstatement. If anything further is needed please contact me.

Sincerely,

Nancy Pooley, President
North Florida Arabian Club
2451 Quarter Horse Trail
Middleburg, FL 32068