

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 MAR 18 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 003000006817

1. Corporation Name

Bay County Horseman's  
Association Inc.

2. Principal Office Address - No P.O. Box #

28 Woodland Rd E

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1422

Suite, Apt. #, etc.

City & State

PANAMA CITY FL

City & State

LYNN HAVEN FL

Zip

32409

Country

USA.

Zip

32444

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

August 7 2003

5. FEI Number

04363868

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARGARET LAMB

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

28 Woodland Rd E

Suite, Apt. #, Etc.

City

PANAMA City

State

FL

Zip Code

32409

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*M. Lamb*

Date 3/7/2008

REGISTERED AGENT MUST SIGN

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
P	MARY SHAREN BERS	3929 Hwy 389	Panama City 32405
VP	MARGARET LAMB	28 Woodland Rd E	Panama City FL 32409
T	MARGARET LAMB	28 Woodland Rd E	Panama City FL 32409
S	CAROL PIZZA	7936 S. McCam Rd	Panama City FL 32409
A	Barry Dunne	21309 CARIBBEAN LANE	P.C. Beach 32413
PR	Cheyenne Hauser	3405 Jasmine Trace Lane	Lynn Haven 32444

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:

*M. Lamb*

MARGARET LAMB

3/7/2008 265 8685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #