APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 18 PM 1:33

DOCUMENT # **N03440**

1. Corporation Name

PARKLAND HORSEMAN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PARKLAND CITY HALL PARKLAND FL 33067	C/O ANDREWS 9836 W. SAMPLE RD. CORAL SPRINGS FL 33065

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT OU

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/04/1984

5. FEI Number: 65-0021014 ☐ 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 3	City / State / Zip 4
PD	HORN, JENNIFER	5943 NW 66 WAY	PARKLAND FL 33067
VD	HORN, DAWN	5943 NW 66 WAY	PARKLAND FL 33067
SD	BALON, PATTI	5943 NW 66 WAY	PARKLAND FL 33067
TD	~~WATT, GLORIA~~ Lewis Andrews	~~4231 NW 71 ST~~ 6066 nw 74 ter	~~POMPANO BEACH FL 33073~~ Parkland Fl 33067
V	ROGERS, SHANNON M	9430 TANGERINE PLACE	FT LAUDERDALE FL 33324
			200000351489 2---1 -12/28/00--01006-001 ****236.25 ****236.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WATT, GLORIA 4231 NW 71 ST POMPANO BEACH FL 33073	Name: Lewis Andrews Street Address (P.O. Box Number is Not Acceptable): 9836 W SAMPLE RD Suite, Apt. #, Etc.: City: Coral Springs State: FL Zip Code: 33065

CR2E040 (8/00)

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: SIGNATURE REQUIRED Date: 11/16/00

REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED Lewis Andrews — 11/16/00 — 954 752 8450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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