

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 25 PM 12:18

DOCUMENT # N05000005811

1. Corporation Name

SOUTHERN STAR STABLES HOMEOWNER'S
ASSOCIATION, INC.

REINSTATEMENT 06-10

300181293013
05/25/10--01007--015 **750.00
CR2E081 (4/10)

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

2750 SW EDGARCE ST

3. Mailing Office Address

2750 SW EDGARCE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PT ST LUCIE, FL

City & State

PT ST LUCIE, FL

Zip

34953

Country

USA

Zip

34953

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/6/2005

5. FEI Number

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

RICKEY L FARRELL

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

1595 SE-PORT ST LUCIE-BLVD

Suite, Apt. #, Etc.

City

PT ST LUCIE

State

FL

Zip Code

34952

☒ PROFIT CORPORATIONS ONLY
The \$600.00 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

REGISTERED AGENT MUST SIGN

Date 5-20-10

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
DP	TRACY STEELE	2750 SW EDGARCE ST	PT ST LUCIE, FL 34953
DS	DEBRA A STEELE	2750 SW EDGARCE ST	PT ST LUCIE, FL 34953
DT	RAYMOND F STEELE	2750 SW EDGARCE ST	PT ST LUCIE, FL 34953

10. E-mail Address: fdsaca@aol.com

(To be used for future annual report notification)

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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-10

Date

Daytime Phone #