

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000001229

**FILED**  
**Oct 15, 2009**  
**Secretary of State**

**Entity Name:** OKEECHOBEE SPECIAL EQUESTRIAN, INC.

**Current Principal Place of Business:**

9230 SE 63RD DR  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

9230 SE 63RD DR  
OKEECHOBEE, FL 34974

**New Mailing Address:**

**FEI Number:** 35-2325163      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ARNOLD, MAUREEN  
9230 SE 63RD DR  
OKEECHOBEE, FL 34974      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** MAUREEN ARNOLD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D      ( ) Delete  
**Name:** ARNOLD, MAUREEN  
**Address:** 9230 SE 63RD DR  
**City-St-Zip:** OKEECHOBEE, FL 34974

**Title:** D      ( ) Delete  
**Name:** BODEI, STEVE  
**Address:** 9230 SE 63RD DR  
**City-St-Zip:** OKEECHOBEE, FL 34974

**Title:** D      ( ) Delete  
**Name:** EVERETT, KERI  
**Address:** 9230 SE 63RD DR  
**City-St-Zip:** OKEECHOBEE, FL 34974

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MAUREEN ARNOLD

E.D.

10/15/2009

Electronic Signature of Signing Officer or Director

Date