

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 21 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N09282*

1. Corporation Name

VILLAGE OF HORSESHOE ACRES, INC.

C/O Mahogany Services, Inc

2. Principal Office Address

6700 NW Broken Sound Pkwy

3. Mailing Office Address

same

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33487

Country

USA

Zip

Country

USA

REINSTATEMENT

00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

5-14-85

5. FEI Number

59-2508240

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

BILLIE H. MCCUTCHEN

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

BOCA RATON, FL 33 8346 STAG COACH LANE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33486

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

Billie H. McCutchen

REGISTERED AGENT MUST SIGN

Date *3-7-01*

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
PRES	BILLIE H. MCCUTCHEN	8346 STAG COACH LANE	BOCA RATON, FL 33496
V.P.	JAMES M. MERRIN	8232 BRIDLE PATH	BOCA RATON, FL 33496
SEC	KATHLEEN PETRACCO	8187 STAG COACH LANE	BOCA RATON, FL 33496
T-D	MARK ROSENBERG	8186 BRIDLE PATH	BOCA RATON, FL 33496

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 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:

Billie H. McCutchen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-01

Date

561-487-0345

Daytime Phone #

CR2E081 (9/00)