

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

11 FEB 15 AM 9:57

DOCUMENT # N09288

1. Corporation Name

SOUTH FLORIDA HUNTER AND JUMPER ASSOCIATION, INC.

REINSTATEMENT 11/20/17

400194263584
02/15/11--01030--007 **750.00

CR2E081 (11/10)

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

777 EAST ATLANTIC AVENUE

3. Mailing Office Address

777 EAST ATLANTIC AVENUE

Suite, Apt. #, etc.

C2-314

Suite, Apt. #, etc.

C2-314

City & State

DELRAY BEACH

City & State

DELRAY BEACH

Zip

FL

Country

USA

Zip

FL

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 05/14/85

5. FEI Number

59-2545181

☐ 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

Mark A. Perry, Esq.

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

50 SE 4th Avenue

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33483

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 2/14/11

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
T	Toni Del Fiandra	777 East Atlantic Avenue, Suite C2-314	Delray Beach, FL 33483
P	Leanne Gamboa	8303 Isle Vista Blvd.	Coral Springs, FL 33065
V1	Vinissa Blann	15 NE 16th Court	Delray Beach, FL 33444
V2	Stefanie Blais	3408 Diane Drive	Boynton Beach, FL 33435

10. E-mail Address: delfiandrtoni@bellsouth.net

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-2011

561-441-5527