

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N12000009119

FILED
Apr 28, 2014
Secretary of State

Entity Name: THOROUGHbred AFTERCARE PROGRAM, INC.

Current Principal Place of Business:

901 SOUTH FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

901 SOUTH FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 46-1052238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, DANIEL R
215 SOUTH MONROE STREET
SUITE 200
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

MICHAEL, FUCHECK W
901 SOUTH FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009 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: MICHAEL W. FUCHECK

04/28/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: ALON, OSSIP
Address: 901 SOUTH FEDERAL HIGHWAY
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D
Name: CLARK, STACIE
Address: 901 SOUTH FEDERAL HIGHWAY
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D
Name: RITVO, TIM
Address: 901 SOUTH FEDERAL HIGHWAY
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D
Name: ROGERS, MIKE
Address: 901 SOUTH FEDERAL HIGHWAY
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D
Name: ANGIE, COLEMAN
Address: 901 SOUTH FEDERAL HIGHWAY
City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby 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 all other like empowered.

SIGNATURE: TIM RITVO

D

04/28/2014

Electronic Signature of Signing Officer or Director

Date