

N 21 0000 12398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

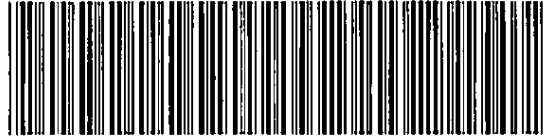
(Document Number)

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FALL ARREST



## COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: TRADITIONAL HORSEMANSHIP ASSOCIATION, LLC

DOCUMENT NUMBER: N21000012398

The enclosed *Articles of Revocation of Dissolution* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERIN WEINSTEIN

Name of Contact Person

TRADITIONAL HORSEMANSHIP ASSOCIATION

Firm/Company

6020 WASHINGTON STREET

Address

GURNEE, IL 60031

City/State and Zip Code

ecartwrightlaw@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin Weinstein

Name of Contact Person

at ( 847 ) 334.1391

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee      ☐ \$43.75 Filing Fee & Certificate of Status      ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)      ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 617.1404, Florida Statutes, this Florida not for profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is TRADITIONAL HERSEMANSHIP  
Association, Inc

SECOND: The document number of the corporation (if known) is N21000012398

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 2/25/2023

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: The revocation of dissolution was authorized on 2/25/2023

FIFTH: Adoption of revocation of dissolution (check one)

☐ The board of directors revoked the dissolution authorized by the members and revocation was permitted by action by the board of directors alone pursuant to that authorization.

☒ The members revoked the dissolution and the number of votes cast was sufficient for approval.

☐ The members revoked the dissolution by resolution adopted by written consent and executed in accordance with s. 617.0701, Florida Statutes.

☐ The corporation has no members or members with voting rights. Revocation of dissolution was adopted by resolution by the board of directors. The number of directors in office was \_\_\_\_\_ and the vote for the resolution was \_\_\_\_\_ for and \_\_\_\_\_ against.

☐ The incorporator or majority of the incorporators authorized the dissolution.

SIXTH: A copy of the Articles of Dissolution is attached.

Signature



(By the chairman or vice chairman of the board, president or other officer, or by an incorporator, or trustee if applicable)

Typed or Printed Name

ERIN Weinstein

Title

Secretary

FILING FEE \$35

FILED  
Feb 25, 2023  
Secretary of State

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
TRADITIONAL HORSEMANSHIP ASSOCIATION, INC.

SECOND: The document number of the corporation: N21000012398

THIRD: The file date of the articles of incorporation: October 22, 2021

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The dissolution was authorized by an incorporator.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: LOUISE SHIRES BYERLY

PRESIDENT

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Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative