

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N25980

1. Entity Name
ARABIAN RACING ASSOCIATION OF FLORIDA, INC.



FILED

05 MAY -2 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6851 BELMONT COURT
MORRISTON, FL 32668

Mailing Address
~~6851 BELMONT COURT~~
~~MORRISTON, FL 32668~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WILLISTON, FL

Zip

Country

Zip

Country

32696

USA

4. FEI Number
59-2958275

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COX, FRED
6851 BELMONT COURT
MORRISTON, FL 32668

7. Name and Address of New Registered Agent

Name
BOBBY PATSCHEIDER

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

15151 NW 162 TERRACE

City

WILLISTON

FL

Zip Code

32696

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Boh Patscheider ^{TREAS.} BOBBY PATSCHEIDER

4/28/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | COX, FRED | |
| STREET ADDRESS | 6851 BELMONT COURT | |
| CITY - ST - ZIP | MORRISTON, FL | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | WALDRON, CATHY | |
| STREET ADDRESS | 18355 PHILLIPS RD | |
| CITY - ST - ZIP | BROOKVILLE, FL 34609 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | VENABLE, CATHY | |
| STREET ADDRESS | 3364 RACKLEY RD. | |
| CITY - ST - ZIP | BROOKSVILLE, FL | |
| TITLE | TRD | <input type="checkbox"/> Delete |
| NAME | PATSCHEIDER, BOBBI | |
| STREET ADDRESS | 15151 NW 162 TERR | |
| CITY - ST - ZIP | WILLISTON, FL 32696 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-----------------|-------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 800055329428 | |
| CITY - ST - ZIP | 05/25/05--01038--022 **122.50 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LOREN NICHOLS | |
| STREET ADDRESS | 557 NE 200TH AVE | |
| CITY - ST - ZIP | WILLISTON FL 32696 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Boh Patscheider BOBBY PATSCHEIDER 4/28/05 3525282104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #