

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 11 PM 6:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 26517

1. Corporation Name
Northwest Florida Palomino Association, Inc.

2. Principal Office Address
3020 Kings Harbor Rd

Suite, Apt. #, etc.

City & State
PANAMA City, FL

Zip Country
32405 USA

3. Mailing Office Address
3020 Kings Harbor Rd

Suite, Apt. #, etc.

City & State
PANAMA City, FL

Zip Country
32405 USA

4. Date Incorporated or Qualified
To Do Business in Florida **5/20/88**

5. FEI Number
592976860

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
Patria F. Maulden

Street Address (P.O. Box Number is Not Acceptable)
3020 Kings Harbor Rd

Suite, Apt. #, Etc.

City
PANAMA City

State Zip Code
FL 32405

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 **Patria F. Maulden**

REGISTERED AGENT MUST SIGN

Date **4/29/05**

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.	Doug MAY	3080 Aycock Rd	Cottondale, FL 32431
Director	V.P. Patria F. Maulden	3020 Kings Harbor Rd	PANAMA City, FL 32405
Director	Tina May	3080 Aycock Rd	Cottondale, FL 32431

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 corporation 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:

Patria F. Maulden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patria F. Maulden

4/29/05

Date

850 896 4149

Daytime Phone #

CR2E081 (01/04)