

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

99-00



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

00 JUN -2 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N28127

**1. Corporation Name**

BOOT RANCH MASTER Association Inc

**2. Principal Office Address**

Sterling Management Inc

Suite, Apt. #, etc.

2880 Scherer Dr. Ste 840

City & State

St Petersburg FL

Zip

Country

33716

USA

**3. Mailing Office Address**

Sterling Management Inc

Suite, Apt. #, etc.

2880 Scherer Drive Ste 840

City & State

St Petersburg FL

Zip

Country

33716

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8/30/88

**5. FEI Number**

34-1601287

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

Sterling Fin. & Mgmt. Inc.

600003307896-9

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

2880 Scherer Drive

06/28/00-01070-001

\*\*\*\*236.25 \*\*\*\*236.25

Suite, Apt. #, Etc.

Suite 840

City

St Petersburg

State

FL

Zip Code

33716

**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

*Sean Galaris*

Sean Galaris

Date 4-20-00

REGISTERED AGENT MUST SIGN

**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
PD	Lisa Dunton	1500 Sea Gull Drive	Palm Harbor FL 34685
TD	Elaine Nurse	1350 Sea Gate Drive	Palm Harbor FL 34685
SD	David Carmichael	4174 Eagle Watch Blvd	Palm Harbor FL 34685
D	Sean Galaris	2880 Scherer Dr. Ste 840	St. Petersburg FL 33716
* Sean gave permission to correct Doc. 6/13/00 Yam.			

**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 corporate 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:**

*Sean Galaris*

Sean Galaris 4-20-00

Date

(1727)

299-9555

Daytime Phone #