

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC 15 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29497

1. Corporation Name

FLORIDA CUTTING HORSE ASSOCIATION, INC.

Principal Place of Business

18108 APSHAWA ROAD
CLERMONT FL 34711
US

Mailing Address

18108 APSHAWA ROAD
CLERMONT FL 34711
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1988

5. FEI Number

59-2875068

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WARRINER, TOM	4615 N.W. 110TH AVE.	OCALA FL 34482
VP	SCOTT, PAM	18108 ASPHAWA RD	CLERMONT FL
D	KIDD, BILL	6817 BUSBY RD.	HOWEY IN THE HILLS FL
D	SIKEL, TED	3633 PEPPER LANE	NEW SMYRNA BEACH FL
D	LONG, ROBERT	P.O. BOX 357535	GAINESVILLE FL
D	WALSH, ERIN	9 SWAN AVE.	NEW SMYRNA BEACH FL 32168

8. Name and Address of Current Registered Agent

SCOTT, PAM
18108 APSHAWA ROAD
CLERMONT-FL 34711

9. Name and Address of New Registered Agent

Name

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

300025504213

Suite, Apt. #, Etc.

12/15/03--01036--013 **236.25

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/10/03

11. 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)