

48125

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS
APPROVED
AND
FILED

98 JAN 26 AM 10:44

DOCUMENT #N34393

1. Corporation Name DUPUIS HORSEMENS ASSOCIATION INC

11295 IRA LANE

LAKE WORTH, FL 33467

N 343-93

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

SAME

REINSTATEMENT 94-98

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0205263

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Joseph O BRADER	11295 IRA LANE	LAKE WORTH, FL 33467
D	SUZANNE BRADER	11295 IRA LANE	LAKE WORTH, FL 33467
D	DON CONDON	18231 SW 55 STREET	FT LAUDERDALE, FL 33331
D	TOM WILLIAMS	5230 S.W. 196 LANE	FT LAUDERDALE, FL 33332
			300002414803--0 -01728798--01083--002 ****481.25 ****481.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

 SAME
 JOSEPH O BRADER
 11295 IRA LANE
 LAKE WORTH, FL 33467

Name

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

Suite, Apt. #, Etc.

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.

Signature of
Registered Agent
 Joseph O Brader
 REGISTERED AGENT MUST SIGN

Date 12-30-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-97 561-395-5520

Date

Daytime Phone #

CR2E040 (12/95)