PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DO	CL	JM	E١	١T	#

N36831

1. Corporation Name

FLORIDA PAINT STALLION BREEDERS ASSOCIATION, IN

Principal Place of Business

Mailing Address

34455 STATE ROAD 70 MYAKKA CITY FL 34251

LIS

18321 N OLGA DRIVE ALVA FL 33920

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FILED 01 JAN -9 AM II: 06

SECRETARY OF STATE TALLAHASSEE FLORIDA



	ddresses are incorrect in any way, line through incorre	rect information and enter correction below.	REINS	TATEMEN		
2. New Principal Office Address, If Applicable 3. New Mailin Suite, Apt. #, etc. Suite, Apt. #,		Mailing Office Address, If Applicable	Date Incorporated or Qualified To Do Business in Florida 02/27/1990			
Bear Smith I Jaice		ice PANKhurst	5. FEI Number		Applied For	
City & State City & State State		19 BONITA DN		65-0166550	Not Applicable	
考する	Country Zip	598 Country	6. CERTIFICATI		75 Additional Fee required or a Certificate of Status	
7. Names a	and Street Addresses of Each Officer and/or Director	(Florida nonprofit corporations must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3		City / State / Zip	
- P	-TITSWORTH, JUD Bear Smith	3433 STATE ROAD TO 21305 Firethorn	37433 STATE ROAD TO 21305 Firethorn Rd		M YAKKU CITY FL 342 51 せいから でん 32736	
VP VAN ROEKEL, DENNIS George Ullmann		18 321 N OLGA DR	183 21 N OLGA DR		CL 34266	
s-D	-VODI, GRAY Sami Ray Downs	3050 G HWY 316 26111 Bush Cf	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		CHRAFL 32102 Wesley Chapel FL 33544	
D	SUTHERLAND, RICK Kimberly Besuden	1470 LIVINGSTON AD 21305 Firethern (2J	NAPLES FL 34107 Rostin FL 3	,	

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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.

2951 N ROAD

4588 LONGLEAF

1575 5Ky Court

Signature of Registered Agent

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DUFRESNE. NORMAN

Derru

REGISTERED AGENT MUST SIGN

Date //- 20-06

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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)(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

11-20-0

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Daytime Phone #

KE

-3718