

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

CPA

FILED

99 NOV 22 PM 12: 59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N42064**

1. Corporation Name
FLORIDA DRAFT HORSE, PONY AND MULE ASSOCIATION, INC.

Principal Place of Business 3207 CR 721 WEBSTER FL 33397 US	Mailing Address 3207 CR 721 WEBSTER FL 33397 US
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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 02/13/1991
Suite, Apt. #, etc. 10840 Hwy 301 City & State Oxford FL Zip 34484 Country USA	Suite, Apt. #, etc. P.O. Box 281 City & State Oxford, FL Zip 34484 Country USA	5. FEI Number 59-0238650 Applied For Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	NEVERS, MIKE	3207-CR721	WEBSTER FL
V	WALICK, JOHN	4403 COATS RD	ZEPHYRHILLS FL
ST	NEVERS, LOIS <i>Erin C. Munz</i>	3207 CR 721 <i>P.O. Box 281</i>	WEBSTER FL <i>Oxford FL 34484</i>
D	KENT, VIC	5422 W. WOODLAWN ST.	DUNNELLON FL 33433
D	HARRIS, RON	RT. 2, BOX 2065	TRENTON FL
D	CONCKLIN, JOYCE	9126 ERMA ROAD	BROOKSVILLE FL 34613 SP

8. Name and Address of Current Registered Agent NEVERS, LOIS M. 3207 CR 721 WEBSTER FL 33397	9. Name and Address of New Registered Agent Name <i>Erin C. Munz</i> Street Address (P.O. Box Number is Not Acceptable) <i>10840 Hwy 301</i> Suite, Apt. #, Etc. <i>2000030160932--3</i> <i>-12/06/99--01008--021</i> City <i>Oxford</i> State <i>FL</i> Zip <i>34484</i>
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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.
 Signature of Registered Agent: *Erin C. Munz* Date: **10/17/99**
 REGISTERED AGENT MUST SIGN

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: *Erin C. Munz* **Erin C. Munz** **10/17/99** **(322)** **78-0215**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPD2040 (8/99)

Division of Corporations
Annual Reports Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500
Document Number N42064
FEI Number 59-0235650

To Whom It May Concern:

This is a plea to you from The Florida Draft Horse Pony and Mule Association to accept our late Non Profit Corporation Annual Report. The Current Registered Agent has passed away and the club has fallen apart and I have been trying to pick up the pieces and put it back together so I will be the Current Registered Agent.

Sincerely,

A handwritten signature in cursive script that reads "Erin Munz".

Erin Munz
Post Office Box 281
Oxford, Florida 34484