PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JAN 29 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47322**

1. Corporation Name

SUWANNEE RIVER RIDING CLUB, INC.

Principal Place of Business	Mailing Address
ROUTE 2 BOX 671 BRANFORD FL 32008	ROUTE 2 BOX 671 BRANFORD FL 32008

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/14/1992

5. FEI Number: 59-3111780 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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-02/08/01--01005--009
****236.25 ****236.25

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
PD	BULLOCK, STEPHEN C	14502 176TH STREET	MCALPIN FL 32062
VPD	KEEN, SAMMY	RT. 2 BOX 5668	FT. WHITE FL 32038
TD	BROWN, EDDIE	6974 290TH STREET	BRANFORD FL 32008
S	JOHNSON, RHONDA	9957 100TH PLACE	LIVE OAK FL 32060
D	STARLING, MICHELE	12646 185TH ROAD	LIVE OAK FL 32060
D	BULLOCK, TERESA	14502 176TH STREET	MCALPIN FL 32062

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BULLOCK, STEPHEN C 10 NORTH COLUMBIA STREET LAKE CITY FL 32055	Name: REINSTATEMENT (P.O. Box Number Not Acceptable) Suite, Apt. #, Etc. City: State: FL Zip Code:

CR2E040 (8/00)

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: SIGNATURE REQUIRED — Date: 12/28/2000
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: SIGNATURE REQUIRED — 12/28/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #