

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 SEP -7 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N97000001777**

**1. Corporation Name**

Wellington Equestrian Alliance, Inc.

**2. Principal Office Address**

14440 Pierson Road

Suite, Apt. #, etc.

**City & State**

Wellington, Florida

**Zip**

33414-7673

**Country**

**3. Mailing Office Address**

14440 Pierson Road

Suite, Apt. #, etc.

**City & State**

Wellington, Florida

**Zip**

33414-7673

**Country**

**REINSTATEMENT**

CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/26/1997

**5. FEI Number**

58-2331172

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☒

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

**Name**

Eugene Mische

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

1301 6th Ave. W

**Suite, Apt. #, Etc.**

406

**City**

Bradenton

**State**

FL

**Zip Code**

34205

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of  
Registered Agent**

*Eugene R. Mische*  
REGISTERED AGENT MUST SIGN

**Date**

9/4/06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Gene Mische	1301 6th Ave. W, Ste. 406	Bradenton, FL 34205
VP/D	Mimi Gracida	14440 Pierson Rd.	Wellington, FL 33414
VP/D	William Ylvisaker	14440 Pierson Rd.	Wellington, FL 33414
S/T/D	Michael Whitlow	14440 Pierson Rd.	Wellington, FL 33414
D	Ted Weise	14440 Pierson Rd.	Wellington, FL 33414
D	See Attached for additional	Directors	

**10. 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 contained in Chapter 119, 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:**

*Eugene R. Mische*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

9/4/06

**Daytime Phone #**

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9. Names and Street Addresses of Each Officer and/or Director  
(Continued from Page 1)

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City/State/Zip</b>
D	Jeremy Jacobs	14440 Pierson Rd.	Wellington, FL 33414
D	Mark Bellissimo	14440 Pierson Rd.	Wellington, FL 33414
D	Neil Hirsch	14440 Pierson Rd.	Wellington, FL 33414
D	Agetta Currey	14440 Pierson Rd.	Wellington, FL 33414
D	Richard Schechter	14440 Pierson Rd.	Wellington, FL 33414
D	Sheila Johnson	14440 Pierson Rd.	Wellington, FL 33414
D	Frank Lloyd	14440 Pierson Rd.	Wellington, FL 33414