

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -8 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NA7000002147

1. Corporation Name

South Florida Barrel Racers
Association

2. Principal Office Address

6432 Rodman St

Suite, Apt. #, etc.

3. Mailing Office Address

340 NW 135th way

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Plantation, FL

Zip

33023

Country

U.S.

Zip

33325

Country

U.S.

REINSTATEMENT 00-05

4. Date Incorporated or Qualified
To Do Business in Florida

2000

5. FEI Number

650768796

☒ 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

Wayne Thompson

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

6432 Rodman St.

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33023

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

Wayne Thompson
REGISTERED AGENT MUST SIGN

Date 2-3-05

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	Wayne Thompson	6432 Rodman St.	Hollywood, FL 33023
V	Dave Campbell	4601 SW 33 Drive	Hollywood, FL 33023
T	Monica Matthews	340 NW 135 th way	Plantation, FL 33325
S	Vivian Farr	6981 Hood St.	Hollywood, FL 33024
S	Carol Warfle	6861 Raleigh St	Hollywood, FL 33024

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 under section 119.07(3)(l), 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:

Monica Matthews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-05

Date

954 347-5446

Daytime Phone #

CR2001 (01/05)