

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002147

1. Corporation Name

South Florida Barrel Racers
Association

2. Principal Office Address - No P.O. Box #

6861 Raleigh St.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Zip

33024

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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 Deanna Warfle

Street Address (P.O. Box Number is Not Acceptable)
6861 Raleigh St.

Suite, Apt. #, Etc.

City Hollywood

State FL

Zip Code 33024

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Deanna Warfle

REGISTERED AGENT MUST SIGN

Date 06.30.07

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
Pres.	Deanna Warfle	6861 Raleigh St.	Hollywood, FL 33024
V.P.	Carolyn Thompson	5931 N. Farragut Dr.	Hollywood, FL 33021
Tres.	Monica Matthews	340 NW 135 Way	Plantation, FL 33325
Sec.	Carol Warfle	6861 Raleigh St.	Hollywood, FL 33024
Sec.	Dawn Warfle	4470 SW 34 Dr.	Dania Bch. FL 33312

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:

Deanna Warfle

06.30.07

9544657414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
07 JUL -5 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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06/13/07 CR2E081 (1/07) 014
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