

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N97000002284**

1. Entity Name  
**SOUTH FLORIDA THOROUGHbred MARKETING CORP.**



FILED

04 NOV -1 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**901 S FEDERAL HIGHWAY  
EXECUTIVE OFFICES  
HALLANDALE, FL 33009**

Mailing Address  
**901 S FEDERAL HIGHWAY  
EXECUTIVE OFFICES  
HALLANDALE, FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10222004 REIN-NP

CR2E099 (6/04)

4. FEI Number  
**65-0755436**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROMANIK, DAVID S  
1901 HARRISON STREET  
HOLLYWOOD, FL 33020**

Name **Scott C. Savin**

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

**3757 NE 208 Terrace**

City **Aventura**

**FL**

Zip Code **33180**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25  
After January 1, 2005, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **SCOTT SAVIN**  
STREET ADDRESS **3757 NE 208TH TERR**  
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Change ☐ Addition  
NAME **500042365065**  
STREET ADDRESS **11/01/04--01076--020 \*\*\$61.25**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MILLS, LINDA**  
STREET ADDRESS **1171 SW 115TH AVENUE**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33025**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **ROYINE, DAVID**  
STREET ADDRESS **3015 FEDERAL HWY.**  
CITY-ST-ZIP **MELBOURNE, FL**

TITLE **D** ☒ Change ☐ Addition  
NAME **Richard Odum**  
STREET ADDRESS **901 South Federal Highway**  
CITY-ST-ZIP **Hallandale, FL 33009**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SCOTT SAVIN**

**10/28/04**

**954-457-6204**